2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# P05000145146

Entity Name: ADMAR OPERATIONS INCORPORATED

Current Principal Place of Business:

4239 WALTON BRIDGE
P.O. BOX 766
FREEPORT, FL 32439

New Principal Place of Business:

4239 WALTON BRIDGE
PONCE DE LEON, FL 32455

Current Mailing Address:

4239 WALTON BRIDGE
P.O. BOX 766
FREEPORT, FL 32439

New Mailing Address:

4239 WALTON BRIDGE
PONCE DE LEON, FL 32455

FEI Number: 20-3759616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILER, ADAM
4239 WALTON BRIDGE
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

SILER, ADAM D
4239 WALTON BRIDGE
PONCE DE LEON, FL 32455 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ADAM D. SILER 05/03/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: SILER, ADAM
Address: 4239 WALTON BRIDGE, P.O. BOX 766
City-St-Zip: FREEPORT, FL 32439

Title: D,VP ( ) Delete
Name: SILER, ADAM D
Address: 4239 WALTON BRIDGE, P.O. BOX 766
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SILER, ADAM D
Address: 4239 WALTON BRIDGE, P.O. BOX 766
City-St-Zip: PONCE DE LEON, FL 32455

Title: VP (X) Change ( ) Addition
Name: SILER, ADAM D
Address: 4239 WALTON BRIDGE
City-St-Zip: PONCE DE LEON, FL 32455

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM D. SILER VP 05/03/2006
Electronic Signature of Signing Officer or Director Date