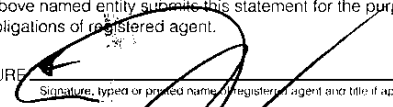


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90055 012 ***150.00

DOCUMENT # P05000163872			
1. Entity Name ADC MARKETING, INC.			
Principal Place of Business 19255 NE 10TH AVE., SUITE 110 N. MIAMI BCH, FL 33179		Mailing Address 19255 NE 10TH AVE., SUITE 110 N. MIAMI BCH, FL 33179	
2. Principal Place of Business - No P.O. Box # 1975 E. SUNRISE BLVD 405 FT LAUDERDALE, FL		3. Mailing Address 1975 E. SUNRISE BLVD 405 FT LAUDERDALE, FL	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL	
Zip 33309		Zip 33309	
Country US		Country US	
4. FEI Number 22-3919116		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 4840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: ROBERT F. MAHONEY, P.A. Street Address (P.O. Box Number is Not Acceptable): 7777 GLADES RD STE 209 City: BOCA RATON FL Zip Code: 33434	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  ROBERT F. MAHONEY DATE: 5/17/07 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEES \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COAKLEY, D'LAN E 19255 NE 10TH AVE., SUITE 110 N. MIAMI BCH, FL 33179 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COAKLEY, D'LAN E. #405 1975 E. SUNRISE BLVD FT LAUD FL 33309 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COAKLEY, CALIA G 19255 NE 10TH AVE., SUITE 110 N. MIAMI BCH, FL 33179 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COAKLEY, CALIA G. #405 1975 E. SUNRISE BLVD FT LAUD FL 33309 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, without other law enforcement.			
SIGNATURE:  D'LAN COAKLEY		Date: 5/19/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____	