

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 020 ***150.00

DOCUMENT # P05000163872					
1. Entity Name ADC MARKETING, INC.					
Principal Place of Business 1975 E. SUNRISE BLVD. #405 FORT LAUDERDALE, FL 33309			Mailing Address 1975 E. SUNRISE BLVD. #405 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7777 GLADES RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 209			
City & State		City & State BOCA RATON		4. FEI Number 22-3919116	
Zip		Country 33434		Country US	
6. Name and Address of Current Registered Agent MAHONEY, ROBERT F PA 7777 GLADES RD. STE 209 BOCA RATON, FL 33434			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 1975 E. SUNRISE BLVD. #405 FORT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COAKLEY, CALIA G 1975 E. SUNRISE BLVD. #405 FORT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, HARRY L 1975 E. SUNRISE BLVD. #405 FORT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 with all other like empowered.					
SIGNATURE: <i>[Signature]</i> D'LAN COAKLEY 5/10/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					