


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

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05-01-2007 90020 013 ***158.75

DOCUMENT # P06000037501					
1. Entity Name ADVANCED DEVELOPMENT AND INSPECTION SERVICES, INC.					
Principal Place of Business 19810 SW 118TH PLACE MIAMI, FL 33177			Mailing Address 19810 SW 118TH PLACE MIAMI, FL 33177		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 16-1769625	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENJAMIN, GLORIA A 19810 SW 118TH PLACE MIAMI, FL 33177					
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 registering)					
Signature, typed or printed name of registered agent and title is applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			[Signature]		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BENJAMIN, VALENCIA I		TITLE P	NAME Benjamin, Austin E.	
STREET ADDRESS 3465 NW 50 AVENUE	CITY-ST-ZIP GAINESVILLE, FL 32605		STREET ADDRESS 19810 S.W. 118 PL	CITY-ST-ZIP Miami, FL 33177	
TITLE VP	NAME BENJAMIN, GLORIA A		TITLE 	NAME 	
STREET ADDRESS 19810 SW 118 PLACE	CITY-ST-ZIP MIAMI, FL 33177		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME BENJAMIN, YVETTE I		TITLE 	NAME 	
STREET ADDRESS 4369 PORT LANE	CITY-ST-ZIP POWDER SPRINGS, GA 30127		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME BENJAMIN, GLORIA A		TITLE TD	NAME Benjamin, Valencia I.	
STREET ADDRESS 19810 SW 118 PLACE	CITY-ST-ZIP MIAMI, FL 33177		STREET ADDRESS 3465 N.W. 50th Avenue	CITY-ST-ZIP Gainesville FL 32605	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>Gloria Benjamin</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4-16-07</u>					
Daytime Phone #					