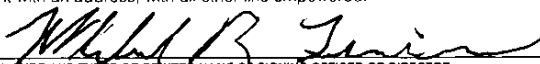


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP -5 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000091266					
1. Entity Name I A D ENTERPRISES, INC.					
Principal Place of Business 20797 SW 73 RD. LANE DUNNELLON, FL 34431			Mailing Address 20797 SW 73 RD. LANE DUNNELLON, FL 34431		
2. Principal Place of Business - No P.O. Box # 20797 SW 73RD LN		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DUNNELLON FL		City & State		4. FEI Number 20-4702168	
Zip 34431		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FEMIA, MICHAEL 20797 SW 73 RD. LANE DUNNELLON, FL 34431			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 \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FEMIA, MICHAEL 20797 SW 73 RD. LANE DUNNELLON, FL 34431 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500109206975 09/07/07--01033--010 **150.00	
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	
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, with all other like empowered.					
SIGNATURE: 			Date: 8-21-07 352 427 4723		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

LIBERTY CONSULTING SERVICE INC
P.O. BOX 189
LECANTO , FL. 34460

TO : FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 8700
TALLAHASSEE , FL. 32314

JULY 12 2007

SUBJECT ; I A D ENTERPRISES, INC.
P.O. BOX 2661
DUNNELLON , FL. 34430

DOCUMENT NUMBER ; P06000091266

ENCLOSED YOU WILL FIND A CHECK IN THE
AMOUNT OF \$ 150.00 FOR THE CORPORATE ANNUAL RENEWAL FEE.
MR.FEMIA IS THE ONLY OFFICER AND SHAREHOLDER.

HE IS REASONABLY SURE IT WAS PAID
EARLIER IN FEBRUARY BUT CAN NOT FIND THE CANCELLED CHECK. HE
WAS INVOLVED IN A VEHICLE ACCIDENT AT THE TIME AND WAS
HOSPITALIZED FOR SEVERAL WEEKS AND HAD FURTHER COMPLICATIONS
AFTER HIS RELEASE. THEY THOUGHT THEY WERE GOING TO HAVE TO
PERFORM ADDITIONAL SURGERY.

AS SUCH WE RESPECTIVELY REQUEST THE
WAIVER OF THE \$ 400.00 PENALTY.

THANK YOU FOR YOUR HELP AND CONSIDERATION


FRED DAVIDSON 352 249-3180