

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081846

FILED
Apr 24, 2008
Secretary of State

Entity Name: ADFG & ASSOCIATES CORP.

Current Principal Place of Business:

542 MAJORCA CT.
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

8143 NW 12TH STREET
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 41-2245711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHILLINGER, FLORIAN
542 MAJORCA CT.
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHILLINGER, GARY
Address: 542 MAJORCA CT.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: SCHILLINGER, GARY
Address: 542 MAJORCA CT.
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MRS. () Change (X) Addition
Name: SCHILLINGER, ANDREA
Address: 8143 NW 12TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify 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: GARY SCHILLINGER

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date