2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000023439

506 HARMONY LN

TARPON SPRINGS, FL 34689 US

Address: City-St-Zip:

Entity Name: ADS 2 PUBLICATIONS, INC.

FILED Apr 07, 2009 Secretary of State

0	nin din di Diana de		Nove Bain singl Blace	of Business	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
506 HARM TARPON S	10NY LN SPRINGS, FL 3468	39 US	118 TARPON AVE. EA SUITE #8 TARPON SPRINGS, F		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
506 HARM TARPON S	10NY LN SPRINGS, FL 3468	39 US			
FEI Number:	: 26-2111629 FE	I Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SELBY, TII 506 HARM TARPON S		39 US			
	named entity subn e of Florida.	nits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic Si	gnature of Registered Ag	ent	Date	
Election Car	mpaign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Dele SELBY, TIMOTHY L 506 HARMONY LN TARPON SPRINGS,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Dele O'REILLY, JAMES 13302 WHALER DR HUDSON, FL 34667		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S/T () Dele SELBY, DOREEN	te	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY L SELBY P 04/07/2009