2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P39521

Entity Name: AD-LIT INC.

FILED Dec 20, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2890 PALM BEACH BLVD 1945 ORTIZ AVE

FORT MYERS, FL 339161503 US US FORT MYERS, FL 33905

Current Mailing Address: New Mailing Address:

2890 PALM BEACH BLVD PO BOX 600

WISCONSIN DELLS, WI 53965 FORT MYERS, FL 339161503 US US

FEI Number: 39-1218492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUSSEL, JOHN T PRES GUSSEL, JOHN T PRES 2890 PALM BEACH BLVD 1945 ORTIZ AVE

FORT MYERS, FL 339161503 US FORT MYERS, FL 33905 US

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: JOHN T GUSSEL 12/20/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GUSSEL, JOHN T PRES GUSSEL, JOHN T PRES

Name: Name: 2890 PALM BEACH BLVD 1945 ORTIZ AVE Address: Address: City-St-Zip: FORT MYERS, FL 339161503 City-St-Zip: FORT MYERS, FL 33905

Title: Title: () Delete () Change () Addition

Name: DIXON, JOAN C Name: 225 BOWMAN ROAD Address: Address: WISCONSIN DELLS, WI 53965 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

GUSSEL, LISA M VP GUSSEL, LISA M VP Name: Name: 2890 PALM BEACH BLVD 211 PIONEER DR Address: Address:

City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: WISCONSIN DELLS, WI 53965

Title: () Delete Title: () Change (X) Addition

GUSSEL, JOHN T Name: Name: Address: Address: 1945 ORTIZ AVE City-St-Zip: City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN T GUSSEL PT 12/20/2006