


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000039053</b>		
1. Entity Name A & D SOLUTIONS, INC.		
Principal Place of Business 118 FLAMINGO DR SUITE E APOLLO BEACH, FL 33572 US	Mailing Address 118 FLAMINGO DR SUITE E APOLLO BEACH, FL 33572 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SILIATI, ALFRED D 118 FLAMINGO DR STE E APOLLO BEACH, FL 33572		<b>DO NOT WRITE IN THIS SPACE</b>
4. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILIATI, ALFRED D 118 FLAMINGO DR, STE 3 APOLLO BEACH, FL 33572	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>7/17/07 (813) 641-1605</b> <small>Date Daytime Phone #</small>



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3186087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U000000771172  
08/02/07-80001-003 550.00

**DO NOT WRITE  
IN THIS SPACE**