


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90230 030 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P94000025090 | |  |
| 1. Entity Name IAD CAPITAL CORP. | | |

| | |
|---|---|
| Principal Place of Business 6401 WINKLER ROAD FT MYERS, FL 33919 US | Mailing Address 6401 WINKLER ROAD FT MYERS, FL 33919 US |
|---|---|

60033795

| | |
|--|--|
| 2. Principal Place of Business 2165 US Hwy 27 So | 3. Mailing Address 2165 US Hwy 27 So |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



04282006 Chg-P CR2E034 (11/05)

| | |
|---------------------------------------|---------------------------------------|
| City & State Lake Placid FL | City & State Lake Placid FL |
| Zip 33852 | Country Highlands |
| Zip 33852 | Country Highlands |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0480204 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent ATTREE, RUSS 6401 WINKLER ROAD FT MYERS, FL 33919 | |
| 2165 US Hwy 27 So Lake Placid FL 33852 | |

| | |
|--|----------|
| 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 | DATE |

| | | |
|---|---|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ATTREE, RUSS 6401 WINKLER ROAD FT MYERS, FL 33919 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SEC ATTREE, RUSS 6401 WINKLER ROAD FT MYERS, FL 33919 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2165 US Hwy 27 So Lake Placid FL 33852 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2165 US Hwy 27 So Lake Placid FL 33852 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 4/28/06 | Daytime Phone # (863) 699-4044 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Russ Attree | | |