


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90101 030 \*\*\*150.00

<b>DOCUMENT # P95000010611</b> 1. Entity Name <b>ADAM WESTON, INC.</b>					
Principal Place of Business <b>400 VILLAGE BLVD. WEST PALM BEACH, FL</b>			Mailing Address <b>400 VILLAGE BLVD. WEST PALM BEACH, FL</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0560835</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARNER, RANDOLPH C 400 VILLAGE BLVD. WEST PALM BEACH, FL</b>			7. Name and Address of New Registered Agent Name <u>Paul Garner</u> Street Address (P.O. Box Number is Not Acceptable) <u>400 Village Blvd #C</u> City <u>West Palm Beach</u> <b>FL</b> Zip Code <u>33409</u>		
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: <u>Paul Garner</u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE <u>1/24/07</u></span>					
<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</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GARNER, PAUL C 400 VILLAGE BLVD. WEST PALM BEACH, FL <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Paul Garner</u> <span style="float: right;">DATE <u>1/24/07</u> Daytime Phone # <u>561-586-5700</u></span>					