2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000083538

1. Entity Name
ADVANCED DEALER MARKETING, INC.

24073856

Principal Place of Business	Mailing Address
8484 BAY HILL RD. ORLANDO, FL 32824 US	8484 BAY HILL RD. ORLANDO, FL 32824 US

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-04122004- -Chg-P- CR2E034 (10/03)-
City & State	City & State	4. FEI Number
		59-3346435
Zip	Country	Zip	Country	5. Certificate of Status Desired — $8.75 Additional Fee Required

4. FEI Number: 59-3346435 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAHLGREN, STEVEN M 4751 S. CONWAY RD. ORLANDO, FL 32819	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 _____

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME NERO, FRANKLIN STREET ADDRESS 3175 NORTH HWY 17-92 CITY-ST-ZIP LONGWOOD, FL 32750	☐ Delete	TITLE D NAME Nero, Franklin STREET ADDRESS 8484 Bay Hill Rd CITY-ST-ZIP Orlando, FL 32524	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/29/04 407-831 1999 832-1889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date