


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90386 014 ***150.00

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1. Entity Name
ADAMS ARC, INC.



60023313



Principal Place of Business
40 MEADOWLARK TRAIL
FROST POINT, FL 36843 US

Mailing Address
40 MEADOWLARK TRAIL
FROST POINT, FL 36843 US

2. Principal Place of Business
1495 MEADOWLARK TRAIL

3. Mailing Address
1495 MEADOWLARK TRAIL

Suite, Apt. #, etc.

02282006 Chg-P CR2E034 (11/05)

City & State
FROSTPROOF FL

City & State
FROSTPROOF FL

Zip
33843

Country
U.S.

Zip
33843

Country
U.S.

4. FEI Number
65-0722267

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ANNA M
40 MEADOWLARK TR
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent

Name
ADAMS, ANNA M.

Street Address (P.O. Box Number is Not Acceptable)
1495 MEADOWLARK TRAIL

City
FROSTPROOF FL

Zip Code
33843

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 ANNA M. ADAMS, President 3/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, ANNA M. 40 MEADOW LARK TRAIL FROSTPROOF, FL 33843	<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

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: ANNA M. ADAMS President 3/28/06 (561) 252-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #