2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000019587

1. Entity Name
ADW BUSINESS COMMUNICATION, INC.

Principal Place of Business	Mailing Address
2623 TIMBERCREEK CIRCLE BOCA RATON, FL 33431	2623 TIMBERCREEK CIRCLE BOCA RATON, FL 33431

02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0763363
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMSTRONG, PATRICIA L
2623 TIMBERCREEK CIRCLE
BOCA RATON, FL 33431

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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 Patricia L. Armstrong President Patricia L. Armstrong 2-28-06
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

000000456437
03/15/06-80058-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARMSTRONG, PATRICIA L.
STREET ADDRESS	2623 TIMBERCREEK CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	WRIGHT, LISA A.
STREET ADDRESS	17276 BOCA CLUB BLVD.,#1601
CITY-ST-ZIP	BOCA RATON, FL 33497
TITLE	VP
NAME	DALLAS, R. IRENE
STREET ADDRESS	238 STEBBINS TERRACE S.E.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Patricia L. Armstrong President Patricia L. Armstrong 561-483-1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-28-06 Daytime Phone #