

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000019587**

1. Entity Name

ADW BUSINESS COMMUNICATION, INC.



Principal Place of Business

2623 TIMBERCREEK CIRCLE  
BOCA RATON, FL 33431

Mailing Address

2623 TIMBERCREEK CIRCLE  
BOCA RATON, FL 33431



04142008

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

**DO NOT WRITE  
IN THIS SPACE**

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 Armstrong* President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

000000305981  
05/02/08-90004-005 150.00

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., #1801  
CITY-ST-ZIP BOCA RATON, FL 33487

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

**DO NOT WRITE  
IN THIS SPACE**

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 Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

Date

561-483-1419

Daytime Phone #