

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081087

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** ADL CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

ADL CONSULTING SERVICES, INC  
3340 DELRAY BAY DR., APT #413  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

ADL CONSULTING SERVICES, INC  
3320 DELRAY BAY DR., APT #319  
DELRAY BEACH, FL 33483 US

**Current Mailing Address:**

8861 SOUTHERN ORCHARD RD. , SOUTH  
DAVIE, FL 333286922 US

**New Mailing Address:**

**FEI Number:** 65-0782928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLISON, DARLENE  
8861 SOUTHERN ORCHARD RD., SOUTH  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAPON, ARTHUR  
Address: 3320 DELRAY BAY DR., APT. #319  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR D. LAPON

P

04/06/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date