2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073319

Entity Name: ADLER MECHANICAL, INC.

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2700 BONNET CREEK RD LOT 24X LAKE BUENA VISTA, FL 32830

Current Mailing Address: New Mailing Address:

P. O. BOX 22329 LAKE BUENA VISTA, FL 32830

FEI Number: 59-3528336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BARTLETT, JOSEPH C
2547 GRESHAM DR
ORLANDO, FL 32807 US
SECHREST, MICHAEL D
5200 S.W. 91ST TERRACE
SUITE 101
GAINESVILLE, FL 32608 US

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: MICHAEL D. SECHREST 02/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PRFS (X) Change () Addition BOWMAN, JEREMY P/S/T Name: BARTLETT, JOSEPH C Name: 2547 GRESHAM DRIVE 46 EDGEMONT LANE Address: Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: LANGHORNE, PA 19047

Title: SCTY (X) Delete Title: () Change () Addition

 Name:
 SHARPLESS, SAMUEL L
 Name:

 Address:
 PO BOX 22329
 Address:

 City-St-Zip:
 LAKE BUENA VISTA, FL 32830
 City-St-Zip:

Title: TRES (X) Delete Title: () Change () Addition

 Name:
 SHARPLESS, SAMUEL L
 Name:

 Address:
 PO BOX 22329
 Address:

 City-St-Zip:
 LAKE BUENA VISTA, FL 32830
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEREMY BOWMAN PRES 02/10/2009