

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 013 ***150.00

DOCUMENT # P99000017033	
1. Entity Name ADVANCED DATA MANAGEMENT TECHNOLOGIES, INC.	



Principal Place of Business 136 JARDIN DE MER PL JACKSONVILLE BEACH, FL 32250 US	Mailing Address PO BOX 551187 JACKSONVILLE, FL 32255-1187
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2. Principal Place of Business - No P.O. Box # 14750 BEACH BLVD		3. Mailing Address	
Suite, Apt. #, etc. # 76		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32250	Country DUVAL	Zip	Country



02222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3575086		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMPBELL, EDWARD J 136 JARDIN DE MER PL JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name CAMPBELL, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 14750 BEACH BLVD # 76 City JACKSONVILLE FL Zip Code 32250	
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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 *Edward J Campbell* DATE 3/7/07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, EDWARD J 136 JARDIN DE MER PL JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, EDWARD J 14750 BEACH BLVD #76 JACKSONVILLE, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Edward J Campbell* DATE 3/7/07 DAYTIME PHONE # 904-716-5669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR