2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089378

FILED Jan 19, 2006 Secretary of State

Entity Name: AMERICANS DEVELOPING AND PRESERVING TOGETHER, INC.

Junenti	Principal Place	of Business:	New Principal Place	e of Business:
	AMES AVE LE, FL 32780			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
SUITE 10	1 AVE SOUTH 1-200 FL 34102			
FEI Number	: 65-0985310	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
TITUSVILI	AMES AVE LE, FL 32780	US submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATU				
SIGNATO		ic Signature of Registered Ag	ent	Date
		io oignataro di regiotoroa reg		
Election Ca		g Trust Fund Contribution ().		
		g Trust Fund Contribution ().		GES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address:	mpaign Financing	TORS: Delete		GES TO OFFICERS AND DIRECTORS () Change () Addition
	S AND DIREC PRES () DAVIS, RON 311 BOBWHITE LONOKE, AR 7	Trust Fund Contribution (). TORS: Delete 2086 Delete ARLEEN	ADDITIONS/CHANG Title: Name: Address:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	PRES () DAVIS, RON 311 BOBWHITE LONOKE, AR 7 SECR () EDDLEMON, M 2309 LINDA LN JACKSONVILLE	Trust Fund Contribution (). TORS: Delete 2086 Delete ARLEEN AR 72076 Delete GE OK	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PRES () DAVIS, RON 311 BOBWHITE LONOKE, AR 7 SECR () EDDLEMON, M 2309 LINDA LN JACKSONVILLE TREA () WOLFF, GEOR 2802 MILLBRO LITTLE ROCK,	Trust Fund Contribution (). TORS: Delete 2086 Delete ARLEEN E, AR 72076 Delete GE OK AR 722213038 Delete ASON GE CIRCLE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: RON DAVIS PRES 01/19/2006