2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

DOCUMENT# V02187

Entity Name: ADAMS APPLE, INC.

Current Principal Place of Business:

718 SW PORT ST LUCIE BLVD
E5
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

651 NW ENTERPRISE DRIVE
SUITE 112
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

718 SW PORT ST LUCIE BLVD
E5
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

651 NW ENTERPRISE DRIVE
SUITE 112
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0234579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DININNO, CHERYL A.
2440 S FEDERAL HWY
SUITE 200-B
STUART, FL 34994 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: TULP, MICHAEL T
Address: 407 SW MAGNOLIA COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: PRES ( ) Delete
Name: TULP, ANNE-MARIE
Address: 407 SW MAGNOLIA COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: SEC ( ) Delete
Name: TULP, ADAM M
Address: 407 SW MAGNOLIA COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL T TULP VP 04/15/2007

Electronic Signature of Signing Officer or Director Date