# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2005**
**Secretary of State**

DOCUMENT# V33311

**Entity Name:** AD TECH HEALTH CARE, INC.

**Current Principal Place of Business:**

2871 S. DELANEY AVE.
ORLANDO, FL 32806 US

**New Principal Place of Business:**

1743 WIND DRIFT RD.
ORLANDO, FL 32809 US

**Current Mailing Address:**

2871 S. DELANEY AVE.
ORLANDO, FL 32806 US

**New Mailing Address:**

1743 WIND DRIFT RD.
ORLANDO, FL 32809 US

**FEI Number: 59-3121863** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MURRAY, DIANA
1743 WINDDRIFT
ORLANDO, FL 32809 US

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

MURRAY, DIANA
1743 WIND DRIFT RD.
ORLANDO, FL 32809 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: 04/07/2005
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MURRAY, DIANA,
Address: 1743 WIND DRIFT
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: ADTECH HEALTH CARE,, INC.
Address: 1743 WIND DRIFT
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANA MURRAY PRES 04/07/2005
Electronic Signature of Signing Officer or Director — Date