


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

2007 SEP -5 AM 10: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000091266			
1. Entity Name I A D ENTERPRISES, INC.			
Principal Place of Business 20797 SW 73 RD. LANE DUNNELLON, FL 34431		Mailing Address 20797 SW 73 RD. LANE DUNNELLON, FL 34431	
2. Principal Place of Business - No P.O. Box # 20797 SW 73RD LN		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DUNNELLON FL		City & State	
Zip 34431	Country USA	Zip	Country
6. Name and Address of Current Registered Agent FEMIA, MICHAEL 20797 SW 73 RD. LANE DUNNELLON, FL 34431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FEMIA, MICHAEL 20797 SW 73 RD. LANE DUNNELLON, FL 34431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500109206975 09/07/07--01033--010 **150.00
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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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: <u>Michael B. Femia</u>		Date: 8-21-07	Daytime Phone #: 352 427 4723
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

LIBERTY CONSULTING SERVICE INC  
P.O. BOX 189  
LECANTO , FL. 34460

TO : FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O.BOX 8700  
TALLAHASSEE , FL. 32314

JULY 12 2007

SUBJECT ; I A D ENTERPRISES, INC.  
P.O. BOX 2661  
DUNNELLON , FL. 34430

DOCUMENT NUMBER ; P06000091266

ENCLOSED YOU WILL FIND A CHECK IN THE  
AMOUNT OF \$ 150.00 FOR THE CORPORATE ANNUAL RENEWAL FEE.  
MR.FEMIA IS THE ONLY OFFICER AND SHAREHOLDER.

HE IS REASONABLY SURE IT WAS PAID  
EARLIER IN FEBRUARY BUT CAN NOT FIND THE CANCELLED CHECK. HE  
WAS INVOLVED IN A VEHICLE ACCIDENT AT THE TIME AND WAS  
HOSPITALIZED FOR SEVERAL WEEKS AND HAD FURTHER COMPLICATIONS  
AFTER HIS RELEASE. THEY THOUGHT THEY WERE GOING TO HAVE TO  
PERFORM ADDITIONAL SURGERY.

AS SUCH WE RESPECTIVELY REQUEST THE  
WAIVER OF THE \$ 400.00 PENALTY.

THANK YOU FOR YOUR HELP AND CONSIDERATION

  
FRED DAVIDSON 352 249-3180