2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 525889

Entity Name: ADVANCED DIAGNOSTIC SYSTEMS, INC.

Current Principal Place of Business:

2585 FORSYTH ROAD
SUITE D
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

5415 LAKE HOWELL ROAD
#183
WINTER PARK, FL 32807 US

New Mailing Address:

FEI Number: 59-1711198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MADDAMMA,ARMAND
5415 LAKE HOWELL ROAD
183
WINTER PARK, FL 32792 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: PSD ( ) Delete
Name: ARMAND MADDAMMA,
Address: 5415 LAKE HOWELL ROAD # 183
City-St-Zip: ORLANDO, FL 32792

Title: VTD ( ) Delete
Name: ALLAN L. REED,
Address: 5415 LAKE HOWELL ROAD #183
City-St-Zip: ORLANDO, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ARMAND MADDAMMA PRES 02/11/2009

Electronic Signature of Signing Officer or Director Date