


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 31, 2008 08:00 AM
Secretary of State**

DOCUMENT # F07000003633	
1. Entity Name ADVANCED COMPLIANCE SOLUTIONS, INC.	

Principal Place of Business 5015 B.U. BOWMAN DRIVE BUFORD, GA 30518	Mailing Address 5015 B.U. BOWMAN DRIVE BUFORD, GA 30518
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03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2608642	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRESE, GARY B ESQ
930 S HARBOR CITY BLVD #505
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

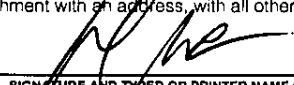
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000875391
04/11/08-80071-008 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PROFFITT, P. SCOTT 6000 DEVONSHIRE DRIVE FLOWERY BRANCH, GA 30542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PROFFITT, MICHAEL G 5370 HUNTERS OAKS DRIVE ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISMER, RONALD S 6374 LONG IVY WAY SUGAR HILL, GA 30518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  MICHAEL PROFFITT 03-24-08 770 931-8043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #