2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009619

FILED Jan 20, 2009 Secretary of State

Entity Name: ADVANCED BONDED & CUSTOMS SERVICES INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3190 SW 4 FT. LAUDE	TH AVE. ERDALE, FL 3	3315			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3190 SW 4 FT. LAUDE	TH AVE. ERDALE, FL 3	3315			
FEI Number:	65-1072830	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
FRIESECK 3190 SW 4 FT. LAUDE		3315 US			
	named entity s of Florida.	ubmits this statement for the purpo	ose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Agent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().		2	
	npaign Financing	, ,	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
	S AND DIREC	FORS: Delete RE VE.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:		
OFFICERS Title: Name: Address:	D () FRIESECKE, AF 3190 SW 4TH A FT. LAUDERDA P () FRIESECKE, FF 3190 SW 4TH A	FORS: Delete RE VE. LE, FL 33315 Delete RANK	Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	D () FRIESECKE, AF 3190 SW 4TH A FT. LAUDERDA P () FRIESECKE, FF 3190 SW 4TH A FORT LAUDERI VP () FRIESECKE, JA 3190 SW 4TH A	Delete RE VE. LE, FL 33315 Delete RANK VE DALE, FL 33315 Delete LE, FL 33315	Title: Name: Address: City-St-Zip: Title: Name: Address:	SES TO OFFICERS AND DIRECTORS: () Change () Addition	

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: MARION LUEDERS S 01/20/2009