


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90048 016 \*\*\*150.00

<b>DOCUMENT # P01000085168</b>					
1. Entity Name ADVANCED SCIENCE AND TECHNOLOGY, INC.					
Principal Place of Business 4490 SE CHERI CT STUART, FL 34997		Mailing Address 1802 SW BOLLTERCUP AVE PORT SAINT LUCIE, FL 34953			
2. Principal Place of Business		3. Mailing Address <b>1802 SW BUTTERCUP AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1137311	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROMEO, MICHAEL C 617 NW BUCK HENDRY WAY STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) <b>1802 SW BUTTERCUP AVE</b> City <b>PORT ST LUCIE</b> <b>FL</b> Zip Code <b>34953</b>		
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: <i>Michael C Romeo</i>			DATE: <b>2/10/05</b>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROMEO, MICHAEL C	NAME			
STREET ADDRESS	1802 SW BUTTERCUP AVE.	STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAZIE, BRYAN	NAME			
STREET ADDRESS	3610 SE BOWSPRIT CT.	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Michael C Romeo</i>			DATE: <b>2/10/05</b>		DAYTIME PHONE #: <b>772-463-6771</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40054935



02082005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1137311 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROMEO, MICHAEL C  
 617 NW BUCK HENDRY WAY  
 STUART, FL 34994

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
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 City **PORT ST LUCIE** **FL** Zip Code **34953**

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