2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P05000007105** ADVANCED STORM PRODUCTS, INC. 2007 SEP 18 AH 4: 17 Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 7061 S. TAMIAMI 7061 S. TAMIAMI 107 107 SARASOTA, FL 34231 SARASOTA, FL 34231 07022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1216021 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent STOLLMAN, RICHARD DO NOT WRITE 7061 S. TAMIAMI 107 IN THIS SPACE SARASOTA, FL 34231 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... Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be #00109570189 Added to Fees US. Trust Fund Contribution. Due by September 14, 2007 '18/97--01024--010 **550.00 OFFICERS AND DIRECTORS 10. TITLE TEICHER, MITCHELL NAME STREET ADDRESS 7061 S. TAMIAMI, SUITE 107 SARASOTA, FL 34231 CITY-ST-ZIF TITLE STOLLMAN, RICHARD NAME STREET ADDRESS 7061 S. TAMIAMI, SUITE 107 CITY-SI-ZEP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE . NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-7IP

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

7/12/07

Daytime Phone #

9/19 Eu