


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000007105 1. Entity Name ADVANCED STORM PRODUCTS, INC.	
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FILED
Jul 25, 2008 08:00 AM
Secretary of State

Principal Place of Business 7061 S. TAMIAMI 107 SARASOTA, FL 34231	Mailing Address 7061 S. TAMIAMI 107 SARASOTA, FL 34231
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07222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 20-1216021	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STOLLMAN, RICHARD
 7061 S. TAMIAMI
 107
 SARASOTA, FL 34231**

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 _____

<p style="text-align: center; font-weight: bold; color: red;">FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</p>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees..	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	TEICHER, MITCHELL
STREET ADDRESS	7061 S. TAMIAMI, SUITE 107
CITY ST ZIP	SARASOTA, FL 34231
TITLE	VP
NAME	STOLLMAN, RICHARD
STREET ADDRESS	7061 S. TAMIAMI, SUITE 107
CITY ST ZIP	SARASOTA, FL 34231
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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 07/25/08-80005-025 150.00

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 another, he empowered.

SIGNATURE: *R. Stollman VP*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR