2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P07000122584

Entity Name: ADVANCED TECHNOLOGY INTEGRATION, INC.

Current Principal Place of Business:

3404 KING GEORGE LANE
SEFFNER, FL 33584 US

New Principal Place of Business:

4333 NW 103 TERRACE
SUNRISE, FL 33351 US

Current Mailing Address:

3404 KING GEORGE LANE
SEFFNER, FL 33584 US

New Mailing Address:

4333 NW 103 TERRACE
SUNRISE, FL 33351 US

FEI Number: 26-1761077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIAS, MARIA E
3404 KING GEORGE LANE
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

FRIAS, MARIA E
4333 NW 103 TERRACE
SUNRISE, FL 33351 US

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.

SIGNATURE: 04/16/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FRIAS, ALEXANDER
Address: 3404 KING GEORGE LANE
City-St-Zip: SEFFNER, FL 33584 US

Title: TREA ( ) Delete
Name: FRIAS, MARIA E
Address: 3404 KING GEORGE LANE
City-St-Zip: SEFFNER, FL 33584 US

Title: VP ( ) Delete
Name: SHIFKE, HOWARD J
Address: 2714 CHAMBRAY LANE
City-St-Zip: TAMPA, FL 33611 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FRIAS, ALEXANDER
Address: 4333 NW 103 TERRACE
City-St-Zip: SUNRISE, FL 33351 US

Title: TREA (X) Change ( ) Addition
Name: FRIAS, MARIA E
Address: 4333 NW 103 TERRACE
City-St-Zip: SUNRISE, FL 33351 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SHIFKE, SARAH W
Address: 2714 CHAMBRAY LANE
City-St-Zip: TAMPA, FL 33611 US

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: HOWARD SHIFKE VP 04/16/2008
Electronic Signature of Signing Officer or Director — Date