


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000099549	
1. Entity Name ADVANCED GROUND INFORMATION SYSTEMS, INC.	

Principal Place of Business 92 LIGHTHOUSE DR JUPITER FL 33469	Mailing Address 92 LIGHTHOUSE DR JUPITER FL 33469
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent	
BEYER, MALCOLM K JR 92 LIGHTHOUSE DR JUPITER FL 33469	

4. FEI Number 55-0877716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	BEYER, MALCOLM K JR	NAME	
STREET ADDRESS	92 LIGHTHOUSE DR	STREET ADDRESS	U00000644570
CITY-STATE-ZIP	JUPITER FL 33469	CITY-STATE-ZIP	03/02/07-80048-014 150.00
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, MALCOLM K JR	NAME	
STREET ADDRESS	92 LIGHTHOUSE DR	STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL 33469	CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISNESKI, RONALD H	NAME	
STREET ADDRESS	1001 N US ONE, # 600	STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL 33469	CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, MARGARET R T	NAME	
STREET ADDRESS	92 LIGHTHOUSE DR	STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL 33469	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Margaret R.T. Beyer* **Margaret R.T. Beyer 1/31/07 561/744-3213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #