## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 525889** 

FILED Apr 17, 2006 Secretary of State

Entity Name: ADVANCED DIAGNOSTIC SYSTEMS, INC.

Current Principal Place of Business: New Principal Place of Business:

2555 FORSYTH ROAD SUITE E ORLANDO, FL 32807

Current Mailing Address: New Mailing Address:

5415 LAKE HOWELL ROAD #183 WINTER PARK, FL 32807 US

FEI Number: 59-1711198 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REED, ALLAN L.

5415 LAKE HOWELL ROAD

# 183

WINTER PARK, FL 32792 US

MADDAMMA, ARMAND

5415 LAKE HOWELL ROAD

# 183

WINTER PARK, FL 32792 US

WINTER PARK, FL 32792 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: ARMAND MADDAMMA 04/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PSD () Delete Title: PSD (X) Change () Addition
ALLAN L. REED, Name: ARMAND MADDAMMA,
7692 PALES COURT Address: 5415 LAKE HOWELL ROAD # 183

 Address:
 7692 PALES COURT
 Address:
 5415 LAKE HOWELL ROAD # 183

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 ORLANDO, FL 32792

Title: VTD ( ) Delete Title: VTD (X) Change ( ) Addition Name: MADDAMMA,ARMOND, Name: ALLAN L. REED,

Address: 4701 ELAINE PLACE Address: 5415 LAKE HOWELL ROAD #183

City-St-Zip: ORLANDO, FL 21812 City-St-Zip: ORLANDO, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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: ARMAND MADDAMMA P 04/17/2006