## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # F12000002388



**FILED** 

Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90279 003 \*\*\*150.00

ADVANCED INTERACTIVE SYSTEMS, INC. Mailing Address Principal Place of Business 12001 SCIENCE DR. SUITE 125 665 ANDOVER PARK WEST ORLANDO, FL 33324 TUKWILA, WA 98188-3321 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 91-1732156 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT. CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 il applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PCEO DSCHUBAUER FRAMES W TITLE ☐ Change X Addition TITLE ☐ Delete NAME KALMAN, STEVEN NAME 12001 SCIENCE DR, STE 125 STREET ADDRESS STREET ADDRESS 7760 TECHNOLOGY DR CITY ST-ZIP MELBOURNE, FL 32984 CITY-ST-ZIP ORLANDO, FL 32826 VPFO T TITLE TITLE ☐ Change Addition Addition 🙀 Delete MAYITIM NAME COOK, DONALD NAME 12001 SCIENCE DR, STE 125 7760 TECHNOLOGY DR STREET ADDRESS STREET ADDRESS CITY-S1-ZIP MELBOURNE, FL 32984 CITY-ST-ZIP ORLANDO, FL 32826 **FVPG** TITLE Change TITLE

Addition Delete FOGG III , JOSEPHG ALY, K.C NAME STREET ADORESS 12001 SCIENCE DR, STE 125 7760 TECHNOLOGY DR STREET ADDRESS MELBOURNE, FL 32984 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32826 ☐ Change Delete TITLE Addition TITLE CD GENERAL OF THE LURD GUTHRIE OF CRAIGKBANK RIGAS, JOHN NAME NAME 1200 SCIENCE DRISTEIRS STREET ADDRESS 7760 TECHNOLOGY DR STREET ADDRESS MELBOURNE, FL 32984 CITY-ST-ZIP ORLANDO, FL 32826 CITY-ST-ZIP REOD ☐ Delete Change TITLE THE Addition ZILKHA, DONALD E CALMAN, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 7760 TECHNOLOGY DR 12001 SCIENCE DR, STE 125 MELBOURNE, FL 32984 CITY-ST-ZIP CITY - ST - ZIP ORLANDO FL 32826 Change Addition ISILE ☐ Delete TITLE RIGAS JOHN NAME KEYS, WILLIAM M NAME 12001 SCIENCE DRISTE 125 7760 TECHNOLOGY DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32826 CITY-ST-ZIP MELBOURNE, FL 32984 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental teport is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of sustee empowered to execute this peport 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:

DIEVE KALMAN 04/18/07

## ATTACHMENT

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI											
DOCUMENT # P95000058225  1. Entity Name ADVANCED INTERACTIVE SYSTEMS, INC.											
Principal Plac	e of Busines	· · · · · · · · · · · · · · · · · · ·	Mailing Address								
12001 SCIENCE DR, SUITE 125 ORLANDO, FL 33324			665 ANDOVER PARK WEST TUKWILA, WA 98188-3321				4	0078	27	4	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03292007	Chg-P	CR2E	034 (12/06)	
City & State			City & State				4. FEI Numb			1——	plied For t Applicable
Zip	Country		Zip Coun		itry	5. Certificate of Status Desi			red S8.75 Additional Fee Required		
		Name		7. Name and	Address of New	Registered	Agent				
CT. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						dress (I	P.O. Box Numb	per is Not Acceptab	ole)		
					City				Fi	Zip Code	<del></del>
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 Signalure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11
TITLE	PCEO		☐ Delete	E	$\overline{\mathfrak{o}}_{-}$				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		, STEVEN CHNOLOGY DR RNE, FL 32984		ie Eet address '-st-zip	ZILKAA, DONALDE 12001 SCIENCEDR, STC125 ORLANDO, FL 328ZG						
TITLE	VPFO	·	Delete	E	G	<i></i>	110 3000	-Ψ	<b>C</b> hange	☐ Addition	
NAME	COOK, DONALD		NAM		E 3	KEY	SEYS, WILLIAM M				
STREET ADDRESS CITY-ST-ZIP	7760 TECHNOLOGY DR MELBOURNE, FL 32984				ET ADDRESS -ST-ZIP	1200	DOI SCIENCE DIZ, STEIZS PLANDO IFL 32826				
TITLE	EVPG		⊠ Delete	TITL	E		<u>- <b>2</b>.7-171</u> 21.7	- <del> </del>		☐ Change	Addition
NAME STREET ADDRESS	ALY, K.C	HNOLOGY DR		NAM	EET ADORESS						
CITY-ST-ZIP		RNE, FL 32984			-ST-ZIP						
TITLE NAME	CD RIGAS, J	OHN	☐ Delete	TITL NAM						Change	Addition
STREET ADDRESS CITY-ST-ZIP	7760 TEC	CHNOLOGY DR RNE, FL 32984		STRI	EET ADDRESS '- ST-ZIP						
TITLE	D		☐ Delete	IIIL						☐ Change	Addition
NAME STREET ADDRESS			NAM		EET ADDRESS						
CITY-ST-ZIP		RNE, FL 32984			-ST-ZIP						
TITLE	D		☐ Delete	TITL	i		<u> </u>			Change	Addition
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		NAM STRE		EET ADDRESS						
CITY-ST-ZIP		RNE, FL 32984			-ST-ZIP						
12. Thereby 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 about is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver of truefee 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 any address, with all oney like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DAYLOR DAYLOR PRODUCT PR											