

2007 FOR PROFIT CORPORATION ANNUAL REPORT


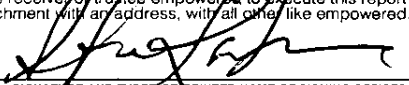
FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90279 003 ***150.00

DOCUMENT # F12000002388 1. Entity Name ADVANCED INTERACTIVE SYSTEMS, INC.					
Principal Place of Business 12001 SCIENCE DR, SUITE 125 ORLANDO, FL 33324			Mailing Address 665 ANDOVER PARK WEST TUKWILA, WA 98188-3321		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03292007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 91-1732156	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO KALMAN, STEVEN 7760 TECHNOLOGY DR MELBOURNE, FL 32984	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHUBAVER, JAMES W 12001 SCIENCE DR, STE 125 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPFO COOK, DONALD 7760 TECHNOLOGY DR MELBOURNE, FL 32984	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAY, TIM 12001 SCIENCE DR, STE 125 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPG ALY, K.C. 7760 TECHNOLOGY DR MELBOURNE, FL 32984	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOGG III, JOSEPH G 12001 SCIENCE DR, STE 125 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD RIGAS, JOHN 7760 TECHNOLOGY DR MELBOURNE, FL 32984	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GENERAL OF THE LORD GUTHRIE OF CRAIG BANK 12001 SCIENCE DR, STE 125 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZILKHA, DONALD E 7760 TECHNOLOGY DR MELBOURNE, FL 32984	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO KALMAN, STEVE 12001 SCIENCE DR, STE 125 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEYS, WILLIAM M 7760 TECHNOLOGY DR MELBOURNE, FL 32984	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD RIGAS, JOHN 12001 SCIENCE DR, STE 125 ORLANDO, FL 32826
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 all other like empowered.					
SIGNATURE: STEVE KALMAN 04/18/07 206-575-9797					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

ATTACHMENT

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		<div style="font-size: 2em; font-family: cursive;">40078274</div> <div style="background-color: black; width: 100px; height: 20px; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03292007 Chg-P CR2E034 (12/06) </div>	
4. FEI Number 91-1732156				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RIGAS, JOHN 7760 TECHNOLOGY DR MELBOURNE, FL 32984	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  STEVE KALMAN 04/18/07 205-575-9797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					