2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 18, 2008 08:00 AM **DOCUMENT # F83540 Secretary of State** ADVANCED DEVELOPMENT SYSTEMS, INC. Principal Place of Business Mailing Address **6319 CHAUNCY ST 6319 CHAUNCY ST** TAMPA, FL 33647 TAMPA, FL 33647 CR2E034 (11/05) 01132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2204555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MESSINA, JAMES J DO NOT WRITE 6319 CHAUNCY ST. TAMPA, FL 33647 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MESSINA, CONSTANCE M 6319 CHAUNCY ST. STREET ADDRESS CITY-\$1-ZIP TAMPA, FL TITLE MESSINA, JAMES J NAME STREET ADDRESS 6319 CHAUNCY ST. CITY-ST-ZIP TAMPA, FL tmE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-78P IIILE

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 an oddress, with an address, with an address.

SIGNATURE:

NAME STREET ADDRESS

Davime Phone #