

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005052

FILED
Apr 28, 2009
Secretary of State

Entity Name: ADVANCED LUBRICATION TECHNOLOGY, INC.

Current Principal Place of Business:

3000 SW 42ND AVENUE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

30851 W. AGOURA ROAD
SUITE 305
AGOURA HILLS, CA 91301

New Mailing Address:

FEI Number: 56-1818123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLLIGES, WILLIAM E
3000 SW 42ND AVENUE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FOSCUE, CHARLES T
Address: 30851 W. AGOURA ROAD, SUITE 305
City-St-Zip: AGOURA HILLS, CA 91301

Title: PD () Delete
Name: PHELPS, MICHAEL S
Address: 30851 W. AGOURA ROAD, SUITE 305
City-St-Zip: AGOURA HILLS, CA 91301

Title: D () Delete
Name: WYONT, CHARLIE
Address: P O BOX 39
City-St-Zip: NEW ELLENTON, SC 29809

Title: STD () Delete
Name: EDDY, LOCKWOOD R
Address: 30851 W. AGOURA ROAD, SUITE 305
City-St-Zip: AGOURA HILLS, CA 91301

Title: D () Delete
Name: DOIRON, DANIEL R PH.D.
Address: 3090 CALZADA RIDGE ROAD
City-St-Zip: SANTA YNEZ, CA 93460

Title: D () Delete
Name: OLLIGES, WILLIAM
Address: 3000 SW 42ND AVENUE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL PHELPS

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date