


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90003 002 \*\*\*150.00

<b>DOCUMENT # G96596</b> 1. Entity Name ADVANCED SYSTEMS, INC. OF SUNCOAST	
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Principal Place of Business P.O. BOX 1229 PALM HARBOR, FL 34682-1229	Mailing Address P.O. BOX 1229 PALM HARBOR, FL 34682-1229
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**40032699**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2421017	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  FLOYD, JUDITH L 208 SHORE DRIVE PALM HARBOR, FL 34683
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST FLOYD, JUDITH L 208 SHORE DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FLOYD, ROBERT E 208 SHORE DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FLOYD, JUSTIN R 3328 DOWNAN POINT DRIVE LAND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Judith L. Floyd 1-10-08 813-854-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #