


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM
Secretary of State


DOCUMENT # H14427	
1. Entity Name ADVANCED APPLICATORS, INC.	

Principal Place of Business 3301 S.W. 14TH PLACE BOYTON BEACH FL 33426	Mailing Address 3301 S.W. 14TH PLACE BOYNTON BEACH FL 33426
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E034 (10/04)
4. FEI Number 59-2456354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CZARNIECKI, ZYGMUNT S. 3301 S.W. 14TH PLACE BOYNTON BEACH FL 33426	

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)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	CZARNIECKI, ZYGMUNT S.
STREET ADDRESS	6057 N.W. 32ND WAY
CITY- ST- ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> Delete
NAME	SWEENEY, RICHARD F.
STREET ADDRESS	23084 L'EMIRAGE CIRCLE
CITY- ST- ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> Delete
NAME	SWEENEY, GARRY
STREET ADDRESS	11440 81ST COURT NO
CITY- ST- ZIP	WEST PALM BEACH FL 33412
TITLE	<input type="checkbox"/> Delete
NAME	SWEENEY, THOMAS
STREET ADDRESS	6101 NE 60 TERR
CITY- ST- ZIP	PARKLAND FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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: 	Zygmunt S. Czarniecki Pres	1/27/05	561-738 -1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #