2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81943

FILED Apr 25, 2005 Secretary of State

Entity Name: ADVANCED DETECTION SYSTEMS, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
295 NORTH STE. G	H DRIVE					
	NE, FL 32934					
Current Mailing Address:			New Mail	New Mailing Address:		
295 NORTH STE. G MELBOUR	H DR. NE, FL 32934					
FEI Number:	59-2652662	FEI Number Applied For ()	El Number Not App	plicable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
WALDEN, WILLIAM H. JR. 295 NORTH DRIVE MELBOURNE, FL 32934 US			295 NORT SUITE G	WALDEN, ALICE R 295 NORTH DRIVE SUITE G MELBOURNE, FL 32934 US		
The above in the State		ubmits this statement for the purpo	ose of changing	its registered office or registered agent, or both,		
SIGNATUR	E: ALICE R. V	VALDEN		04/25/2005		
	Electronic	Signature of Registered Agent		Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PSTD () [WALDEN, WILLI 295 NORTH DRIV MELBOURNE, FI	/E STE. G	Title: Name: Address: City-St-Zip:	PSTD (X) Change () Addition WALDEN, ALICE R 295 NORTH DRIVE STE. G MELBOURNE, FL 32934		
Title: Name: Address: City-St-Zip:	V ()[EVANS, CRAIG J 295 NORTH DRIV MELBOURNE, FI	/E STE. G	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	V ()E ERDMAN,, ROBE 295 NORTH DR. MELBOURNE, FI	STE. G	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () E WALDEN, ALICE 295 NORTH DR. MELBOURNE, FI	STE. G	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WALDEN, JAMES B 295 NORTH DR. STE. G MELBOURNE, FL 32934		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition CONSUNJI, REBECCA W 295 NORTH DRIVE, SUITE G MELBOURNE, FL 32934		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition JACKSON, WILLIAM H SR 4545 N PINE ISLAND RD SUNRISE, FL 33351		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALICE R. WALDEN PRES 04/25/2005