

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92729

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: ADVANCE TECHNOLOGY SUPPLY INC. OF ORLANDO

**Current Principal Place of Business:**

175 SEMORAN COMMERCE PL.  
SUITE B  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

175 SEMORAN COMMERCE PL.  
SUITE B  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 59-2606308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RYAN, WILLIAM D PRES  
435 BURNT TREE LN.  
APOPKA, FL 32712 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: P ( ) Delete  
Name: RYAN, WILLIAM,  
Address: 435 BURNT TREE LN.  
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Delete  
Name: RYAN, SHEILA  
Address: 435 BURNT TREE LN.  
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete  
Name: COUTURE, GARY  
Address: 641 OAK HOLLOW WAY  
City-St-Zip: ALTAMONTE SPGS, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM RYAN

P

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date