FROM :JOES TAX SERVICE INC FAX NO. :863 688 3141

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90303 036 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J09915

1. Entity Name
ADVANCED INVESTMENTS UNLIMITED, INC.

Principal Place of Business	Mailing Address
~~2675 CRYSTAL BEACH RD~~ ~~WINTER HAVEN FL 33880~~ 822 Old Shiloh Rd. Greeneville, TN 37745	~~2675 CRYSTAL BEACH RD~~ ~~WINTER HAVEN FL 33880~~ 822 Old Shiloh Rd. Greeneville, TN 37745

Greeneville, TN 37745

40068615

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2728669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRUM, LYLE C. 2675 CRYSTAL BCH RD WINTER HAVEN, FL 33880	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 Lyle C. Crum President 4-25-05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRUM, LYLE C. ~~2675 CRYSTAL BEACH RD~~ ~~WINTER HAVEN, FL 33880~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Crum, Lyle C. 822 Old Shiloh Rd. Greeneville, TN 37745	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, MICHAEL J. 161 LONGVIEW AVE KISSIMMEE, FL 34747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIELS, LARRY B. 16620 WILLOW GLEN DR ODESSA, FL 33558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIGLIO, RICHARD S. 5315 COTTONWOOD TREE CIRCLE VALRICO, FL 335948258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

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 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: Lyle C. Crum 4-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #