**FILED**
**Apr 20, 2006 08:00 AM**
**Secretary of State**

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J09915

1. Entity Name
ADVANCED INVESTMENTS UNLIMITED, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 822 OLD SHILOH ROAD<br>GREENEVILLE, TN 37745 | 822 OLD SHILOH ROAD<br>GREENEVILLE, TN 37745 |

DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

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

CRUM, LYLE C.
2675 CRYSTAL BCH RD
WINTER HAVEN, FL 33880

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 changing) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | CRUM, LYLE C. |
| STREET ADDRESS | 822 OLD SHILOH RD |
| CITY-ST-ZIP | GREENEVILLE, TN 37745 |
| TITLE | D |
| NAME | HOFFMAN, MICHAEL J. |
| STREET ADDRESS | 161 LONGVIEW AVE |
| CITY-ST-ZIP | KISSIMMEE, FL 34747 |
| TITLE | D |
| NAME | DANIELS, LARRY B. |
| STREET ADDRESS | 18620 WILLOW GLEN DR |
| CITY-ST-ZIP | ODESSA, FL 33556 |
| TITLE | D |
| NAME | FIGLIO, RICHARD S. |
| STREET ADDRESS | 5315 COTTONWOOD TREE CIRCLE |
| CITY-ST-ZIP | VALRICO, FL 335946258 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/02/06-80135-005 150.00

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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:** Lyle C. Crum President 4 17 06 423 783 7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #