2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # J41045 ADVANCED ESTIMATING SYSTEMS, INC. Principal Place of Business Mailing Address 47 SE 5TH AVE 47 SE 5TH AVE DELRAY BCH, FL 33483 DELRAY BCH, FL 33483 03242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2735947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURSONS, LEON V DO NOT WRITE 47 SE 5TH AVE DELRAY BCH, FL 33483 IN HIS SPACE 8. The above named entity submits this statement for the purpose of changing it the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campa FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Con 10. OFFICERS AND DIRECTORS CURSONS, LEON V. NAME STREET ADDRESS 47 SE 5TH AVE. CITY-ST-ZIP DELRAY BCH, FL 33483 TITLE *U00000685458 STREET ADDRESS 04/09/07-80009-001/150.bo CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 respirer 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 address, with all other like empowered.

FILED