

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M80529</b> 1. Entity Name <b>ADVANCED MECHANICAL SYSTEMS, INC.</b>		<b>Secretary of State</b>
<b>Principal Place of Business</b> 4007 EXCHANGE AVE. NAPLES, FL 34104		<b>Mailing Address</b> 4007 EXCHANGE AVE. NAPLES, FL 33942
DO NOT WRITE IN THIS SPACE		 06302004    No Chg-P    CR2E034 (10/03)
<b>6. Name and Address of Current Registered Agent</b>  ALBERT G. TAWORSKI 115 JOHNNYCAKE DR. SUITE #105 NAPLES, FL 34110		<b>4. FEI Number</b> 65-0049002 <b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>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.</b>  <b>SIGNATURE</b> <u>Albert G. Taworski</u> <i>K.P.</i> <u></u> <b>DATE</b> <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)</small>		DO NOT WRITE IN THIS SPACE
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
<b>TITLE</b>	P	DO NOT WRITE IN THIS SPACE
<b>NAME</b>	TAWORSKI, JACQUELINE	
<b>STREET ADDRESS</b>	115 JOHNNYCAKE DR	
<b>CITY-ST-ZIP</b>	NAPLES, FL 34110	
<b>TITLE</b>	VP	
<b>NAME</b>	TAWORSKI, MICHAEL F.	
<b>STREET ADDRESS</b>	47 WICKLIFFE DRIVE	DO NOT WRITE IN THIS SPACE
<b>CITY-ST-ZIP</b>	NAPLES, FL 34110	
<b>TITLE</b>	VTS	
<b>NAME</b>	TAWORSKI, ALBERT G.	
<b>STREET ADDRESS</b>	115 JOHNNYCAKE DR	
<b>CITY-ST-ZIP</b>	NAPLES, FL 34110	
<b>TITLE</b>		DO NOT WRITE IN THIS SPACE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		
<b>NAME</b>		
<b>STREET ADDRESS</b>		DO NOT WRITE IN THIS SPACE
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>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.</b>		
<b>SIGNATURE:</b> <u></u> <u>ALBERT G. TAWORSKI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>239-643-5772</b> <small>Date    Daytime Phone #</small>