

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80529

FILED
Apr 26, 2007
Secretary of State

Entity Name: ADVANCED MECHANICAL SYSTEMS, INC.

Current Principal Place of Business:

4110 ENTERPRISE AVE., STE 210
NAPLES, FL 34104

New Principal Place of Business:

4110 ENTERPRISE AVE.,
210
NAPLES, FL 34104

Current Mailing Address:

4110 ENTERPRISE AVE., STE 210
NAPLES, FL 34104

New Mailing Address:

4110 ENTERPRISE AVE.,
210
NAPLES, FL 34104

FEI Number: 65-0049002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAWORSKI, ALBERT G
115 JOHNNYCAKE DR.
NAPLES, FL 34110 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: PTS () Delete
Name: TAWORSKI, ALBERT G
Address: 115 JOHNNYCAKE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: TAWORSKI, MICHAEL F
Address: 47 WICKLIFFE DRIVE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ALBERT G TAWORSKI

PTS

04/26/2007

Electronic Signature of Signing Officer or Director

Date