2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P00000014126 04-30-2007 90392 031 ***150.00 ADVANCED TECHNOLOGY RESOURCES, INC. Principal Place of Business Mailing Address 1861 NW 97 AVENUE MIAMI FL 33172 1861 NW 97 AVENUE MIAMI FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5900 NW 97 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) UNIT 1 4. FEI Number 65-0996470 City & State City & State Applied For MIBMY, Tromps Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33178 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUERRA, JORGE E Street Address (P.O. Box Number is Not Acceptable) 8073 N.W. 67TH STREET **MIAMI FL 33166** 5900 NW 97 DVE, UNIT 1 City Minmi Zip Code 33178 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, typed or printed name of registered agent a nd title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition GUERRA, JORGE E NAME NAME 1861 NW 97 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY - ST-ZIP CITY - ST - ZIP ☐ Delete IIILE ☐ Change □ Addition GUERRA, EDWIN M NAME 1861 NW 97 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33172 HY-ST-ZIP CITY - ST - ZIP ____ Change HHE ☐ Deleie THILL ■ Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP TIFLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND EXPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED