

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085756

FILED
Jan 05, 2005
Secretary of State

Entity Name: ADVANCED ELECTRONIC CABLES, INC.

Current Principal Place of Business:

4270 DOW ROAD
SUITE 209
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

4270 DOW ROAD
SUITE 209
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-3669624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, ALLAN D
530 SAN GRASS CIRCLE
MELBOURNE, FL 32940 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: D () Delete
Name: BOONE, ALLAN D
Address: 299 ME HEWOOD RD.
City-St-Zip: MELBOURNE, FL 329403

Title: D () Delete
Name: BOGDANSKI, ALAN J
Address: 1027 ELMS FORD ST NW
City-St-Zip: PALM BAY, FL 32907

Title: VP () Delete
Name: CHRISTIAN, RICHARD
Address: 4900 GAIL BLVD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: GAYNOR, MINH
Address: 3967 N HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: ALLAN BOONE

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date