2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107665

City-St-Zip: VERO BEACH, FL 32961

Entity Name: ADVANCED INTEGRATED SYSTEMS, INC.

FILED Apr 14, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|--|----------------------------------|------------------------------------|--|--|
| 265 OCE/ VERO BE | AN WAY :ACH, FL 3296: | 3 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| PO BOX [*] VERO BE | 1707 :ACH, FL 3296 | 1 | | | |
| FEI Numbe | r: 65-1151251 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | urrent Registered Agent: | Name and Address o | nd Address of New Registered Agent: | |
| 265 OCE/ | ARDO, GAIL AN WAY :ACH, FL 3296: | 3 US | | | |
| | e named entity s te of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | IRE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Ca | ımpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: | PSTD () DEBERNARDO | | Title: Name: | () Change () Addition | |

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: GAIL DEBERNARDO PSTD 04/14/2009