

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000021473

Entity Name: EDS ADVISORS INC.**FILED**
Mar 13, 2007
Secretary of State**Current Principal Place of Business:**1220 RIVERLAND RD
FORT LAUDERDALE, FL 33312**New Principal Place of Business:**1350 SW 31ST AVE
FORT LAUDERDALE, FL 33312**Current Mailing Address:**1220 RIVERLAND RD
FORT LAUDERDALE, FL 33312**New Mailing Address:**1350 SW 31ST AVE
FORT LAUDERDALE, FL 33312

FEI Number: 01-0578610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SMITH, DOUGLAS E
2431 BIMINI LANE
FORT LAUDERDALE, FL 33312 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, DOUGLAS E
Address: 2431 BIMINI LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TRES () Delete
Name: SMITH, VIRGINIA K
Address: 2431 BIMINI LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

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: VIRGINIA K SMITH

TRES

03/13/2007

Electronic Signature of Signing Officer or Director

Date