

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000090218

1. Entity Name

ADVANCED ENTERTAINMENT DESIGN CORP.



Principal Place of Business

3401 S. FEDERAL HWY
FT. PIERCE FL 34982
US

Mailing Address

101 NORTH U.S. HIGHWAY 1
SUITE 112
FORT PIERCE FL 33495
US

2. Principal Place of Business

3. Mailing Address

3401 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE FL

Zip

Country

34982

Country

ST. LUCIA

6. Name and Address of Current Registered Agent

ANTICO, PHILIP
101 NORTH U.S. HIGHWAY 1
SUITE 112
FORT PIERCE FL 33495

4. FEI Number 02-0638498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when meaningful)

DATE

3/17/2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME RAPUZZI, GEORGE
STREET ADDRESS 101 NORTH U.S. HIGHWAY 1, SUITE 112
CITY-ST-ZIP FORT PIERCE FL 33495

TITLE VSD ☐ Delete
NAME ANTICO, PHILIP
STREET ADDRESS 101 NORTH U.S. HIGHWAY 1, SUITE 112
CITY-ST-ZIP FORT PIERCE FL 33495

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

FILED
Apr 12, 2006 8:00 am
Secretary of State

03-27-2006 90266 005 ***150.00



1st MOORE

CR2E034 (10/05)