

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90044 042 \*\*\*150.00

**DOCUMENT # P02000090218**

1. Entity Name  
**ADVANCED ENTERTAINMENT DESIGN CORP.**



Principal Place of Business Mailing Address  
**3401 S. FEDERAL HWY 3401 SOUTH FEDERAL HIGHWAY**  
**FT. PIERCE, FL 34982 US FORT PIERCE, FL 34982 US**

40030040



04092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>02-0638498</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>ANTICO, PHILIP</b> <b>101 NORTH U.S. HIGHWAY 1</b> <b>SUITE 112</b> <b>FORT PIERCE, FL 33495</b>				7. Name and Address of New Registered Agent Name <b>Philip Antico</b> Street Address (P.O. Box Number is Not Acceptable) <b>4290 10th Ave</b> <b>Suite 103</b> City <b>Lake Worth</b> FL Zip Code <b>33461</b>			
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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 DATE **4/7/2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RAPUZZI, GEORGE</b>			NAME			
STREET ADDRESS	<b>101 NORTH U.S. HIGHWAY 1, SUITE 112</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FORT PIERCE, FL 33495</b>			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANTICO, PHILIP</b>			NAME			
STREET ADDRESS	<b>101 NORTH U.S. HIGHWAY 1, SUITE 112</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FORT PIERCE, FL 33495</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DATE **4-7-07** 172-475-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #