

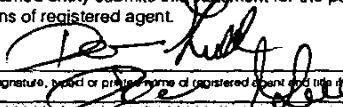



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90441 018 \*\*\*150.00

<b>DOCUMENT # P03000008217</b> 1. Entity Name <b>ADVANCED AUTOMOTIVE DESIGN, INC.</b>					
Principal Place of Business <b>1120 HOLLAND DR., STE. 18</b> <b>BOCA RATON FL 33487</b>			Mailing Address <b>1120 HOLLAND DR., STE. 18</b> <b>BOCA RATON FL 33487</b>		
2. Principal Place of Business <b>1120 HOLLAND DR. STE B</b> Suite, Apt. #, etc. <b>BOCA RATON FL</b> City & State		3. Mailing Address <b>1120 HOLLAND DR</b> Suite, Apt. #, etc. <b>SUITE B</b> City & State <b>BOCA - RATON FL</b> Zip <b>33487</b> Country <b>USA</b>		 1st MOORE CR2E034 (10/04)	
4. FEI Number <b>11-3239791</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>ZUCKER, DOV</b> <b>1120 HOLLAND DR., STE. 18</b> <b>BOCA RATON FL 33487</b>			7. Name and Address of New Registered Agent Name <b>DOV ZUCKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1120 HOLLAND DRIVE</b> <b>SUITE B</b> City <b>BOCA RATON</b> FL Zip Code <b>33487</b>		
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 		<b>DOV ZUCKER</b> <b>PRESIDENT</b>		<b>4-27-05</b> DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> NAME <b>ZUCKER, DOV PRESIDE</b> STREET ADDRESS <b>1120 HOLLAND DR., STE. 18</b> CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		<b>DOV ZUCKER</b>		<b>4-27-05</b> Date	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					