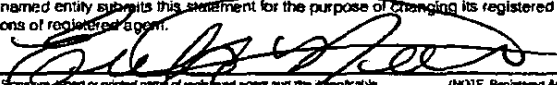
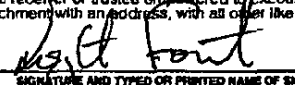


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2004-90010-018-\$150.00-\$150.00

DOCUMENT # P03000017191 1. Entity Name ADVANCED INNOVATIVE SYSTEMS, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 OCT 11 PM 12:40	
Principal Place of Business 2421 SW 86TH TERRACE MIRAMAR, FL 33025				Mailing Address 2421 SW 86TH TERRACE MIRAMAR, FL 33025			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				7. Name and Address of New Registered Agent Name EULA NELSON Street Address (P.O. Box Number is Not Acceptable) 3961 NW 34 AVE LAUDERDALE LAKES City FL Zip Code 33309			
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 the applicable.				DATE 9-7-04 (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P FORREST, DWIGHT 2421 SW 86TH TERRACE MIRAMAR, FL 33025			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. MARIA FORREST 710 SW 98 AV Pembroke Pines FL 33025			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 09-07-2004 / 1954-394-8255 Daytime Phone #			