


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90242 035 \*\*\*150.00

<b>DOCUMENT # P03000031789</b> 1. Entity Name <b>ADVANCED TUBE DEFENSE, INC.</b>			
Principal Place of Business <b>6398 DANNER DR STE D SARASOTA, FL 34240</b>		Mailing Address <b>6398 DANNER DR STE D SARASOTA, FL 34240</b>	
2. Principal Place of Business - No P.O. Box # <b>2051 GLOBAL CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 50606</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL</b> Zip <b>34240</b> Country		City & State <b>SARASOTA, FL</b> Zip <b>34232</b> Country	
4. FEI Number <b>13-4244344</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>MCCOY, PAMELA M 6398 DANNER DR SARASOTA, FL 34240</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2051 GLOBAL COURT</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34240</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 <u>Pamela M. McCoy</u> <b>PAMELA M. McCoy</b> <b>SECT/TREAS</b> <b>4/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</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 NAME STREET ADDRESS CITY - ST - ZIP	VP MCCOY, CHARLES D 6398 DANNER DR SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCCOY, PAMELA M 6398 DANNER DR SARASOTA, FL 34240	<input type="checkbox"/> Delete	PRESIDENT <b>2051 GLOBAL CT SARASOTA, FL 34240</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Pamela M. McCoy</u> <b>PAMELA M. McCoy</b> <b>SECT/TREAS</b> <b>4/12/07</b> <b>941-377-4645</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			

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