


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90014 017 ***158.75

DOCUMENT # P03000032837 1. Entity Name ADVAN TECHNOLOGY INC.	
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Principal Place of Business 19255 CRYSTAL STREET WESTON, FL 33332	Mailing Address 19255 CRYSTAL STREET WESTON, FL 33332
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DO NOT WRITE IN THIS SPACE

40094310



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0562616	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAGBIR, INDRA 19255 CRYSTAL STREET WESTON, FL 33332
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RAGBIR, INDRA 19255 CRYSTAL STREET WESTON, FL 33332
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	


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IN THIS SPACE**

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 another like empowered.

SIGNATURE:  **3/29/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #