2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041770

Address:

2717 SW 11TH COURT

City-St-Zip: CAPE CORAL, FL 33914

Entity Name: ADVANCED QUALITY TRANSPORTATION SERVICE, INC.

FILED Sep 12, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of E	New Principal Place of Business:	
	DLE SALE CT DRT MYERS, FL 33903 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	DLE SALE CT DRT MYERS, FL 33903 US			
FEI Number:	45-0510693 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
LITTEN, DO 423 ELLIS NORTH FO		LITTEN, MICHAEL E 2717 SW 11TH COURT CAPE CORAL, FL 33914	US	
The above in the State		r the purpose of changing its registered of	fice or registered agent, or both,	
SIGNATUR	RE: MICHAEL EDWARD LITTEN		09/12/2007	
	Electronic Signature of Registere	ed Agent	Date	
Election Can	npaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete LITTEN, DONNA A DIRECTO 423 ELLIS STREET NORTH FORT MYERS, FL 33903 US	Title: () Name: Address: City-St-Zip:	Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () Delete MARKAL, ADRIAN A 1915 N.E. 14TH TERR. CAPE CORAL, FL 33909 US	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete LITTEN, MAX E DIRECTO 423 ELLIS ST NORTH FORT MYERS, FL 33903 US	Title: () Name: Address: City-St-Zip:	Change ()Addition	
Title: Name: Address: City-St-Zip:	CEOT () Delete LITTEN, MICHAEL E CEO/TRE 2717 SW 11TH COURT CAPE CORAL, FL 33914 US	Title: () Name: Address: City-St-Zip:	Change ()Addition	
Title: Name:	S () Delete LITTEN, RACHAEL M SECRETE	Title: () Name:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL E. LITTEN CEO 09/12/2007