


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000157868 1. Entity Name ADVANCE TECTONICS CORP.	
---	---

Principal Place of Business 130 VENETIAN CT. SANFORD, FL 32771	Mailing Address 130 VENETIAN CT. SANFORD, FL 32771
--	--

DO NOT WRITE IN THIS SPACE



04242007	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3053802	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILLER, WILLIAM M
130 VENETIAN CT.
SANFORD, FL 32771

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	C
NAME	MILLER, WILLIAM M
STREET ADDRESS	130 VENETIAN CT.
CITY- ST- ZIP	SANFORD, FL 32771
TITLE	S
NAME	MILLER, CAROLYN J
STREET ADDRESS	130 VENETIAN CT.
CITY- ST- ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000740195
05/14/07-00052-001 150 00

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: William M Miller **WILLIAM M. Miller** 4-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #