


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90470 016 ***150.00

DOCUMENT # P04000075341	
1. Entity Name ADVANCED COMMERCIAL SERVICES, INC.	

Principal Place of Business 6270 HUNTINGTON LAKES CIRCLE UNIT 1 NAPLES, FL 34119	Mailing Address 6270 HUNTINGTON LAKES CIRCLE UNIT 1 NAPLES, FL 34119
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60032585



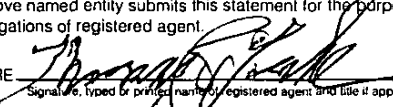
2. Principal Place of Business 6270 HUNTINGTON LAKES CIR	3. Mailing Address 6270 HUNTINGTON LAKES CIR
Suite, Apt. #, etc. UNIT # 201	Suite, Apt. #, etc. UNIT # 201
City & State NAPLES, FL 34119	City & State NAPLES, FL 34119
Zip 34119	Country COLLIER

04282006 Chg-P CR2E034 (11/05)

4. FEI Number 34-2001301	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 LENICK, TERRENCE F. ESQ. - 9200 BONITA BEACH ROAD, SUITE 208 BONITA SPRINGS, FL 34133	7. Name and Address of New Registered Agent Name THOMAS J. LUKE Street Address (P.O. Box Number is Not Acceptable) 6270 HUNTINGTON LAKES CIRCLE UNIT # 201 City NAPLES FL 34119
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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.

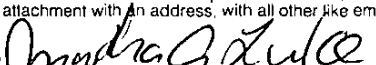
SIGNATURE  **THOMAS J. LUKE** DATE **04-28-2006**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUKE, MARTHA G 4469 NOVATO COURT NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  **MARTHA G. LUKE** DATE **04-28-2006** DAYTIME PHONE # **239-272-4466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR