2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P04000130106

Entity Name: ADVANCED SHELTER SOLUTIONS, INC.

Current Principal Place of Business:

773 WESLEY AVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

773 WESLEY AVE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 42-1643801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOLFE, MICHAEL J
2519 MCMULLEN BOOTH RD #510-294
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOLFE, DORALBA H
Address: 2519 MCMULLEN BOOTH RD #510-294
City-St-Zip: CLEARWATER, FL 33761

Title: V ( ) Delete
Name: WOLFE, MICHAEL J
Address: 2519 MCMULLEN BOOTH RD #510-294
City-St-Zip: CLEARWATER, FL 33761

Title: ST (X) Delete
Name: VACCARO, STEVEN
Address: PO BOX 340
City-St-Zip: GILBERTSVILLE, PA 195250340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: DORALBA H. WOLFE P 04/27/2005

Electronic Signature of Signing Officer or Director — Date