

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131827

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED ANCILLARY, INC.

**Current Principal Place of Business:**

202 SOUTH 22ND ST.  
SUITE 212  
TAMPA, FL 33605 US

**New Principal Place of Business:**

2315 CLEWIS CT.  
SUITE 103  
TAMPA, FL 33629 US

**Current Mailing Address:**

202 SOUTH 22ND ST.  
SUITE 212  
TAMPA, FL 33605 US

**New Mailing Address:**

P.O. BOX 4840  
TAMPA, FL 33677 US

**FEI Number:** 20-1640038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCINTIRE, PETER S  
202 SOUTH 22ND ST.  
SUITE 212  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

MCINTIRE, PETER S  
2315 CLEWIS CT.  
SUITE 103  
TAMPA, FL 33629 US

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:**

04/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCINTIRE, PETER S  
**Address:** P.O. BOX 4840  
**City-St-Zip:** TAMPA, FL 33677 US

I hereby 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 all other like empowered.

**SIGNATURE:** PETER MCINTIRE

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date