2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# P05000017665

Entity Name: ADVANCED THERAPY SOLUTIONS, INC.

Current Principal Place of Business:

375 DOUGLAS AVE., SUITE 1004
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

375 DOUGLAS AVE., SUITE 1004
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-3369161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUTILLAS, JOSE
170 DOVETAIL CT.
APOPKA, FL 32703 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: VPSD ( ) Delete
Name: LOPEZ, EBERTO
Address: 789 MONROE HARBOR PLACE
City-St-Zip: SANFORD, FL 32773

Title: PTD ( ) Delete
Name: CUTILLAS, JOSE
Address: 170 DOVETAIL CT.
City-St-Zip: APOPKA, FL 32703

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change ( ) Addition
Name: LOPEZ, EBERTO
Address: 789 MONROE HARBOR PLACE
City-St-Zip: SANFORD, FL 32773

Title: PT (X) Change ( ) Addition
Name: CUTILLAS, JOSE
Address: 170 DOVETAIL CT.
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Change (X) Addition
Name: ARISMENDI, HAROLDO
Address: 1605 SW SILVER PINE WAY, D-1
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JOSE CUTILLAS P 02/20/2007

Electronic Signature of Signing Officer or Director Date