2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P05000114000 03-23-2006 90001 016 ***150.00 ADVANCED GLOBAL INVESTMENTS, INC. Mailing Address Principal Place of Business HIDDEN RIVER CENTER #300 + 8875 HIDDEN RIVER PARKWAY TAMPA FL 33637 HIDDEN RIVER CENTER #300 8875 HIDDEN RIVER PARKWAY TAMPA FL 33637 3. Mailing Address 2. Principal Place of Business Same Sanc Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 26-0124765 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIGHTON Q.J. KLEVANA Street Address (P.O. Box Number is Not Acceptable) 8312 REVELS ROAD RIVERVIEW FL 33569 Zip Code 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** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. nne **PCEO** Delete TITLE ☐ Change Addition LEIGHTON Q.J. KLEVANA NAME NAME 8875 HIDDEN RIVER PARKWAY #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33637** CITY-ST-ZIP Delete Change ☐ Addition TITLE D TITLE LEIGHTON Q.J. KLEVANA NAME STREET ADDRESS 8875 HIDDEN RIVER PARKWAY #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **TAMPA FL 33637** TITLE ☐ Chance Addition Til i i Deicte NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THEF Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is not 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 received of hustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

20 Harch 2006

er like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attached

SIGNATURE:

FILED

Mar 23, 2006 8:00 am