



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000114000</b> 1. Entity Name <b>ADVANCED GLOBAL INVESTMENTS, INC.</b>					
Principal Place of Business <b>HIDDEN RIVER CENTER #300 8875 HIDDEN RIVER PARKWAY TAMPA, FL 33637</b>			Mailing Address <b>HIDDEN RIVER CENTER #300 8875 HIDDEN RIVER PARKWAY TAMPA, FL 33637</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01152008    Chg-P    CR2E034 (12/06) <i>08</i>  4. FEI Number <b>26-0124765</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent  <b>LEIGHTON Q.J. KLEVANA 8312 REVELS ROAD RIVERVIEW, FL 33569</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO LEIGHTON Q.J. KLEVANA <del>8875 HIDDEN RIVER PARKWAY #300</del> <del>TAMPA, FL 33637</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8312 Revels Road RIVERVIEW, FL 33569</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIGHTON Q.J. KLEVANA <del>8875 HIDDEN RIVER PARKWAY #300</del> <del>TAMPA, FL 33637</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8312 Revels Road RIVERVIEW, FL 33569</b>	
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 <b>300115855949 01/23/08--01006--027 **158.75</b>	
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	

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*15 January 2008*  
Date

*352 6031135*  
Daytime Phone #

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.