

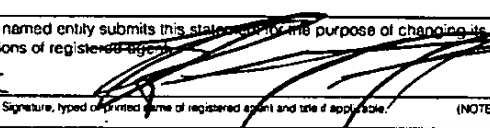
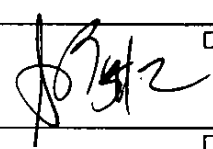
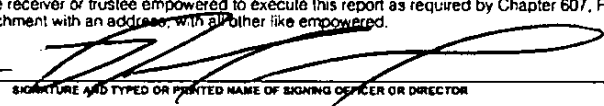


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000124700</b> 1. Entity Name <b>ADVANCE TECHNOLOGY SOLUTIONS, INC.</b>						FILED 06 MAY -2 AM 10: 23 66011095 66011095 	
Principal Place of Business <b>2500 E. HALLANDALE BEACH BLVD, SUITE 800 HALLANDALE BEACH, FL 33009</b>				Mailing Address <b>2500 E. HALLANDALE BEACH BLVD, SUITE 800 HALLANDALE BEACH, FL 33009</b>			
2. Principal Place of Business		3. Mailing Address		4072006 Chg-P CR2E034 (11/05)		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>DAVIS, RONALD L ESQ 1550 NE MIAMI GARDENS DR. SUITE 200 N. MIAMI BEACH, FL 33179</b>				Name <b>Ricardo Canal</b> Street Address (P.O. Box Number is Not Acceptable) <b>2500 E. Hallandale Bch Blvd.</b> <b>Suite 800</b> City <b>Hallandale Beach</b> <b>FL</b> Zip Code <b>33009</b>			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE <b>4/8/06</b>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO CANAL, RICARDO J 2500 E. HALLANDALE BEACH BLVD, SUITE 800 HALLANDALE BEACH, FL 33009</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>03-24-06 90033 004 \$150.00</b> <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		
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		
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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		
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.							
SIGNATURE: 				DATE <b>4/8/06</b>			