

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-23-2007 90023 019 \*\*\*158.75  
P05000124700

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

|                                                             |                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000124700</b>                              |  |
| 1. Entity Name<br><b>ADVANCE TECHNOLOGY SOLUTIONS, INC.</b> |                                                                                   |

|                                                                                                          |                                                                                              |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2500 E. HALLANDALE BEACH BLVD, SUITE<br/>HALLANDALE BEACH FL 33009</b> | Mailing Address<br><b>2500 E. HALLANDALE BEACH BLVD, SUITE<br/>HALLANDALE BEACH FL 33009</b> |
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|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>75-3207264</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                      |                                       |
|----------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|----------------------------------------------------------------------|---------------------------------------|

|                                                                                         |  |                                                    |          |
|-----------------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent                                         |  | 7. Name and Address of New Registered Agent        |          |
| CANAL, RICARDO<br>2500 E. HALLANDALE BEACH BLVD, SUITE 800<br>HALLANDALE BEACH FL 33009 |  | Name                                               |          |
|                                                                                         |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|                                                                                         |  | City                                               |          |
|                                                                                         |  | FL                                                 | Zip Code |

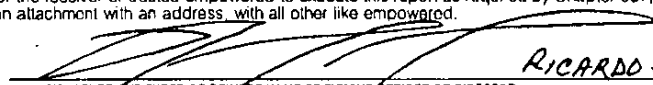
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

|                                                                                                                                                 |                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                        |                                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 1011<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CEOD<br>CANAL, RICARDO J<br>2500 E. HALLANDALE BEACH BLVD, SUITE 800<br>HALLANDALE BEACH FL 33009 <input type="checkbox"/> Delete | 1111<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1012<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                   | 1112<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1013<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                   | 1113<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1014<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                   | 1114<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1015<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                   | 1115<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1016<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                   | 1116<br>NAME<br>STREET ADDRESS<br>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 Section 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:  | <b>RICARDO J. CANAL</b> 3-13-07 954-455-5008 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date                                         |