

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144180

FILED
Apr 27, 2007
Secretary of State

Entity Name: ADVANCED QUALITY SERVICES INC.

Current Principal Place of Business:

1180 SPRING CENTRE SOUTH BLVD STE 203
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1123 ARBOR LAKE CIRCLE
SANFORD, FL 32771

Current Mailing Address:

1180 SPRING CENTRE SOUTH BLVD STE 203
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1123 ARBOR LAKE CIRCLE
SANFORD, FL 32771

FEI Number: 83-0439936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIOTAKIS, MICHAEL T
116 HALLSTROM CT
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

CHIOTAKIS, MICHAEL T
1123 ARBOR LAKE CIRCLE
SANFORD, FL 32771 US

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:

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHIOTAKIS, MICHAEL T
Address: 116 HALLSTROM CT
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHIOTAKIS, MICHAEL T
Address: 1123 ARBOR LAKE CIRCLE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify 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: MIKE CHIOTAKIS

PVST

04/27/2007

Electronic Signature of Signing Officer or Director

Date