2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2007
Secretary of State

DOCUMENT# P06000079675

Entity Name: ADVANCED INFLUENZA TECHNOLOGIES, INC.

Current Principal Place of Business:

2109 PALM
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

2109 PALM
TAMPA, FL 33605 US

New Mailing Address:

P.O. BOX 66
GLORIETA, NM 87535 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REIBER, SAM
3821 HENDERSON BLVD
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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: SAM REIBER
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: EDELSON, JOEL
Address: 2109 PALM AVENUE
City-St-Zip: TAMPA, FL 33605 US

Title: SEC ( ) Delete
Name: EDELSON, JOEL
Address: 2109 PALM AVENUE
City-St-Zip: TAM PA, FL 33605 US

Title: VP (X) Delete
Name: WILLIS, JENNIFER
Address: 2109 PALM AVENUE
City-St-Zip: TAMPA, FL 33605 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: ALLEN, ALLEN D CEO
Address: 166 AVENIDA PONDEROSA
City-St-Zip: GLORIETA, NM 87535 US

Title: SEC (X) Change ( ) Addition
Name: ALLEN, CORINNE
Address: 166 AVENIDA PONDEROSA
City-St-Zip: GLORIETA, NM 87535 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CORINNE ALLEN VP 10/15/2007
Electronic Signature of Signing Officer or Director Date