

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079675

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: ADVANCED INFLUENZA TECHNOLOGIES, INC.

## Current Principal Place of Business:

2109 PALM  
TAMPA, FL 33605 US

## New Principal Place of Business:

166 AVENIDA PONDEROSA  
GLORIETA, NM 87535 US

## Current Mailing Address:

P.O. BOX 66  
GLORIETA, NM 87535 US

## New Mailing Address:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date