

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000138116

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED ANTI-TERROR TECHNOLOGIES, INC.

**Current Principal Place of Business:**

896 WEST MINNEOLA AVE SUITE 57  
CLERMONT, FL 34711

**New Principal Place of Business:**

896 WEST MINNEOLA AVE  
57  
CLERMONT, FL 34711

**Current Mailing Address:**

PO BOX 291621  
PORT ORANGE, FL 321291621

**New Mailing Address:**

PO BOX 291621  
PORT ORANGE, FL 321291621 US

**FEI Number:** 56-2617363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUCKENBERGER, ELIZABETH  
896 W. MINNEOLA AVE  
SUITE 57  
CLERMONT, FL 34711 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

**OFFICERS AND DIRECTORS:**

Title: P,S  
Name: GUCKENBERGER, ELIZABETH T  
Address: 896 WEST MINNEOLA AVE SUITE 57  
City-St-Zip: CLERMONT, FL 34711 US

Title: V  
Name: CARTER, THERESA  
Address: 896 WEST MINNEOLA AVE SUITE 57  
City-St-Zip: CLERMONT, FL 34711

Title: T  
Name: CZEJAK, MARY  
Address: P. O. BOX 291621  
City-St-Zip: PORT ORANGE, FL 321291621

I hereby 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 all other like empowered.

SIGNATURE: THERESA CARTER

COO

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date