



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90026 037 ***150.00

DOCUMENT # P07000023280 1. Entity Name ADVANCED SOLAR TECHNOLOGIES, INC.					
Principal Place of Business 200 NE FIRST STREET SUITE 105 GAINESVILLE, FL 32601 US			Mailing Address 200 NE FIRST STREET SUITE 105 GAINESVILLE, FL 32601 US		
2. Principal Place of Business - No P.O. Box # 4609 NW 6TH STREET		3. Mailing Address 200 NE FIRST STREET			
Suite, Apt. #, etc. UNIT B6		Suite, Apt. #, etc. SUITE 107		01292008 Chg-P CR2E034 (12/06)	
City & State GAINESVILLE FL		City & State GAINESVILLE FL		4. FEI Number 20-8952591	
Zip 32609		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEGELMANN, HARALD W 708 SW 16TH AVENUE APT. 102 GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEGELMANN, HARALD W 708 SW 16TH AVENUE, APT. 102 GAINESVILLE, FL 32601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOUGLAS M. DAVIES 2511 NW 64TH PLACE GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZOT SZURGOT 220 SE 73RD TERRACE GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Harald W. Kegelmann</u> HARALD W. KEGELMANN 01/29/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

352-372-2556