2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2011
Secretary of State

DOCUMENT# P07000072810

Entity Name: ADVANCED ENDOSCOPY SOLUTIONS INC.

Current Principal Place of Business:

5536 ANSLEY WAY
MOUNT DORA, FL 32757

New Principal Place of Business:

5536 ANSLEY WAY
MOUNT DORA, FL 32757 US

Current Mailing Address:

5536 ANSLEY WAY
MOUNT DORA, FL 32757

New Mailing Address:

5536 ANSLEY WAY
MT DORA, FL 32757 US

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

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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
Name: MASON, BRUCE
Address: 5536 ANSLEY WAY
City-St-Zip: MOUNT DORA, FL 32757

Title: T
Name: MASON, BRUCE
Address: 5536 ANSLEY WAY
City-St-Zip: MOUNT DORA, FL 32757

Title: V
Name: MASON, REGINA
Address: 5536 ANSLEY WAY
City-St-Zip: MOUNT DORA, FL 32757

Title: S
Name: MASON, REGINA
Address: 5536 ANSLEY WAY
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: MASON, REGINA
Address: 5536 ANSLEY WAY
City-St-Zip: MOUNT DORA, FL 32757

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: BRUCE MASON P 03/24/2011

Electronic Signature of Signing Officer or Director — Date