2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2012
Secretary of State

DOCUMENT# P07000072810

Entity Name: ADVANCED ENDOSCOPY SOLUTIONS INC.

Current Principal Place of Business:

5536 ANSLEY WAY
MOUNT DORA, FL 32757 US

New Principal Place of Business:

348 PERFECT DRIVE
DAYTONA BEACH, FL 32124 US

Current Mailing Address:

5536 ANSLEY WAY
MT DORA, FL 32757 US

New Mailing Address:

348 PERFECT DRIVE
DAYTONA BEACH, FL 32124 US

FEI Number: 26-0399311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: 348 PERFECT DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: T
Name: MASON, BRUCE
Address: 348 PERFECT DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: V
Name: MASON, REGINA
Address: 348 PERFECT DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: S
Name: MASON, REGINA
Address: 348 PERFECT DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: D
Name: MASON, REGINA
Address: 348 PERFECT DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124

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 02/24/2012

Electronic Signature of Signing Officer or Director Date