2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115641

YOUNG, TOBY

15780 SE 105TH TERR.

SUMMERFIELD, FL 34471 US

Name:

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Na	me: ADVA	NCED ECO	DESIGNS, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
1429 SE 4 OCALA, F	3RD TERR L 34471	US			341 SW 13 ⁻ DCALA, FL		US		
Current Mailing Address:					New Mailing Address:				
1429 SE 43RD TERR. OCALA, FL 34471 US					641 SW 13TH ST OCALA, FL 34471 US				
FEI Number	: 26-1367613	FEI Nun	nber Applied For()	FEI Numb	er Not Appli	cable ()	Certifica	ate of Status De	sired()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
VAN FLEE 1429 SE 4 OCALA, F	ET, KIMBER 3RD TERR L 34471	LY N US							
	e named ent e of Florida.		nis statement for the p	ourpose of o	changing it	s registere	d office or r	egistered age	nt, or both,
SIGNATUI	RE:								
	Elec	tronic Signat	ure of Registered Age	ent				Date	
Election Ca	mpaign Finan	icing Trust Fur	nd Contribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D VAN FLEET 1429 SE 43 OCALA, FL			۸ <u>م</u>	itle: lame: .ddress: city-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D MARCUS, E 1421 SE 49 OCALA, FL			۸ م	itle: lame: .ddress: city-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D VAN FLEET 1429 SE 43 OCALA, FL	BRD TERR.		۸ <u>م</u>	itle: lame: ddress: city-St-Zip:	D VAN FLEET 18 PINE CO OCALA, FL	URSE LOOP		
Title:	D	() Delete		Т	ïtle:	D	(X) Change	() Addition	

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.

Name:

Address:

City-St-Zip:

CARUTHERS, SYDNEY

OCALA, FL 34478 US

PO BOX 3624

SIGNATURE: KIMBERLY N VAN FLEET D 04/28/2009