

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUN 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06182008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000120246 1. Entity Name ADVANCE DIGITAL TECHNOLOGIES, CORP.			
Principal Place of Business 1800 SOUTH OCEAN DR S #1509 HALLANDALE, FL 33009		Mailing Address 1800 SOUTH OCEAN DR S #1509 HALLANDALE, FL 33009	
2. Principal Place of Business - No P.O. Box # 409 West Hallandale BLV Suite, Apt. #, etc. 16		3. Mailing Address 409 West Hallandale BLV Suite, Apt. #, etc. 16	
City & State HALLANDALE FL Zip 33009 Country USA		City & State HALLANDALE FL Zip 33009 Country USA	
4. FEI Number 262047922		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZERPA, FELIPE 1800 SOUTH OCEAN DR S #1509 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name ZERPA, FELIPE Street Address (P.O. Box Number is Not Acceptable) 409 WEST HALLANDALE BLV #216 HALLANDALE City HALLANDALE FL Zip Code 33009	
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 06-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZERPA, FELIPE 1800 SOUTH OCEAN DR S #1509 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 409 WEST HALLANDALE BLV #216 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100131632571 06/24/08--01038--019 **71.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100131632571 06/24/08--01038--020 **78.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: FELIPE ZERPA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 06/18/08 <small>Daytime phone #</small>	