## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000018304

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

Entity Name: ADVANCED SECURITY TECHNOLOGY, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
P O BOX 100869 CAPE CORAL, FL 339100869 US			3912 S.E. 10TH AVE CAPE CORAL, FL 33904	4 US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P O BOX 100869 CAPE CORAL, FL 339100869 US					
FEI Number:	65-0562606	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
LUCAS, MICHAEL J 3912 S.E. 10TH AVE CAPE CORAL, FL 33904 US			3912 S.E. 10TH AVE	LUCAS, MICHAEL J PRES. 3912 S.E. 10TH AVE CAPE CORAL, FL 33904 US	
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: MICHAEL J. LUCAS				04/30/2007	
Election Cam		c Signature of Registered Ager  Trust Fund Contribution ( ).	nt	Date	
	AND DIRECT	, ,	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E LUCAS, MICHAE 3912 SE 10TH AN CAPE CORAL, FI	/E	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VCD () E LUCAS, SHERRY 3912 SE 10TH AV CAPE CORAL, F	/E	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD () E CHONG-YOU, RA 2102 N.W. 101S GAINESVILLE, F	r street	Title: ( ) Name: Address: City-St-Zip:	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. LUCAS PRES 04/30/2007

() Delete

LUCAS, JASON

40 BARRACUDA DRIVE

PLACIDA, FL 33946

() Change () Addition