


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State


04-29-2005 90223 041 ***150.00

DOCUMENT # P95000055810 1. Entity Name ADVANCED ELEVATOR SERVICE, INC.	
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Principal Place of Business 14011 SW 29 ST. FORT LAUDERDALE, FL 33325-5420 US	Mailing Address 14011 SW 29 ST. FORT LAUDERDALE, FL 33325-5420 US
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DO NOT WRITE IN THIS SPACE

140000



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0597872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BUTLER, DALE M.
14011 SW 20 ST.
DAVIE, FL 33325-5420

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

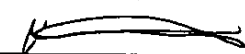
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, DALE M. 14011 SW 20 ST. DAVIE, FL 333255420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDON, WALTER B. III 8306 NW 74TH TERRACE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAVAGNI, DONALD A 8397 NW 25TH CT FORT LAUDERDALE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLIDAY, WILLIAM 6104 SW 38TH STREET MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4-22-05** **954-340-2642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #