


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000003879 1. Entity Name ADVANCED MANUFACTURING, INC.		
Principal Place of Business 12205 28TH STREET NORTH ST. PETERSBURG, FL 33716-1823	Mailing Address 12205 28TH STREET NORTH ST. PETERSBURG, FL 33716-1823	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KINLEY, GARY W 12205 28TH STREET NORTH ST. PETERSBURG, FL 33716-1823		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINLEY, GARY W 3061 W ALBANY BROKEN ARROW, OK 74012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DORFINGER, PETER 3061 W ALBANY BROKEN ARROW, OK 74012	
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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: <i>Gary Kinley</i> GARY Kinley 7/25/07 (918) 256-0566 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0805281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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08/07/07-80008-021 150.00

**DO NOT WRITE
IN THIS SPACE**