

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051744

FILED
May 19, 2009
Secretary of State

Entity Name: ADVANCED NETWORK SOLUTIONS, INC.

Current Principal Place of Business:

17595 S. TAMiami TRAIL
SUITE 208
FORT MYERS, FL 33908

New Principal Place of Business:

14420 BALD EAGLE DR
FORT MYERS, FL 33912

Current Mailing Address:

14420 BALD EAGLE DRIVE
FORT MYERS, FL 339125685

New Mailing Address:

FEI Number: 65-0844388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, ANN B
14420 BALD EAGLE DRIVE
FORT MYERS, FL 339125685 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: KAPLAN, ANN B
Address: 14420 BALD EAGLE DRIVE
City-St-Zip: FORT MYERS, FL 339125685

Title: V () Delete
Name: KAPLAN, AYTEKIN
Address: 14420 BALD EAGLE DR.
City-St-Zip: FORT MYERS, FL 339125685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANN KAPLAN

DPST

05/19/2009

Electronic Signature of Signing Officer or Director

_____ Date