™2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2008 8:00 am Secretary of State

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DOCUMENT # P99000010327 1. Entity Name ADVANCED NETWORKING & COMPUTERS, INC.						8 90008 032 ***1 <i>5</i>		
Principal Place	a of Punispen	Mailing Address	<u> </u>	∃ 4001	0143			
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222 N WOODLAND BLVD		222 N WOODLAND BLVD						
DELAND, FL 32720 DELAND, FL 32720				1				
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2. Principal Place of Business - No P.O. Box #		Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		7 04000000	010	0000004 (40(00)		
				01062008	Chg-P	CR2E034 (12/06)		
City & State	Δ	City & State		4. FEI Number	•	I An	plied For	
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77'-		77	T 6:	39-3333	102 1	<u>-</u>	t Applicable	
Zip	Country	Zip	Country	5. Certificate of	f Status Desired	□ \$8.75 Add		
						Fee Required	t	
	6. Name and Address of Current	t Registered Agent		7. Name and A	Address of New	Registered Agent		
	•		Name					
MATHEUS	S, DEBRA A							
1785 PINE STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
DELAND, I	FL.		<u> </u>					
•			İ					
			City			_ 1 7: 0 - 1		
			City			FL Zip Code	9	
8 The shove	named entity submits this statement f	or the nursage of changing its	registered office or regist	tered agent, or both	in the State of E	lorida. Lam familiar with	and account	
	tions of registered agent.	or the purpose of changing its	registered office of regis	rered agent, or both	i, iii tile State Of I	ionoa. Tani lanilla wigi,	and accept	
SIGNATURE_								
	Signature, typed or printed name of registered agen	and title if applicable. (NO1	E: Registered Agent signature requi	red when reinstating)		DATE		
				· i	•			
5 11 i	E NOW!!! FEE IS \$150.00	9. Election Campa	ign Financing \$	5.00 May Be				
	ay 1, 2008 Fee will be \$550	On Trust Fund Con		dded to Fees				
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10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTORS	S IN 11	
TITLE							,	
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NAME	[~	☐ Delete	TITLE			Change	Addition	
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	OLSEN, MICHAEL J 906 LAKE LINDLKY DR S. DELAND, FL 32724		NAME			L.J Change		
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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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08

386/138 3513

Daytime Phone #