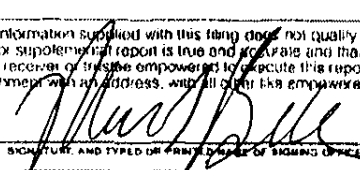


FILED
May 05, 2008 8:00 am
Secretary of State

04-11-2008 90041 014 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000027036		
1. Entity Name ADVANCED DATA SOLUTIONS, INC.		
Principal Place of Business 141 SCARLET BLVD SUITE A OLDSMAR, FL 34677 US		Mailing Address 141 SCARLET BLVD SUITE A OLDSMAR, FL 34677 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUELL, MELODY S 241 PINECREST DR. PALM HARBOR, FL 34683		66009790 
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.		02272008 No Chg-P CR2E034 (11/05)
SIGNATURE: _____ Signature, typed or printed name of registered agent and for 4 applicable. (NOTE: Registered Agent signature required when amending)		4. FBI Number 59-3565568
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
NAME BUELL, MELODY S STREET ADDRESS 241 PINECREST DR. CITY-STATE-ZIP PALM HARBOR, FL 34683	DO NOT WRITE IN THIS SPACE	
NAME BUELL, GUY R STREET ADDRESS 241 PINECREST DR. CITY-STATE-ZIP PALM HARBOR, FL 34683		
NAME STREET ADDRESS CITY-STATE-ZIP		
NAME STREET ADDRESS CITY-STATE-ZIP		
NAME STREET ADDRESS CITY-STATE-ZIP		
NAME STREET ADDRESS CITY-STATE-ZIP		
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 of this report.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/08 Date

ATTACHMENT

66009790

999000027036

DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301
PHONE: (850) 245-6059
FAX: (850) 245-6017

FACSIMILE TRANSMITTAL SHEET

TO: MELODY BUELL

FROM: TINA CAULEY

DATE: APRIL 28, 2008 PHONE: (850) 245-6059 FAX: (850) 245-6017

TOTAL NO. OF PAGES INCLUDING COVER: 2

SUBJECT: ANNUAL REPORT

Dear Melody

Hi, please sign box 12 and return to:
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Tina Cauley
Regulatory Specialist II
Division of Corporations

* Per Tina,

Division of Corporations cashed our
check a few months ago & that
only signature required.