**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 | Mailing Address |
|---|---|
| 141 SCARLET BLVD<br>SUITE A<br>OLDSMAR, FL 34677 US | 141 SCARLET BLVD<br>SUITE A<br>OLDSMAR, FL 34677 US |

66009790

02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3565568
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUELL, MELODY S
241 PINECREST DR.
PALM HARBOR, FL 34683

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

**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

| | |
|---|---|
| TITLE | D |
| NAME | BUELL, MELODY S |
| STREET ADDRESS | 241 PINECREST DR. |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 |
| TITLE | D |
| NAME | BUELL, GUY R |
| STREET ADDRESS | 241 PINECREST DR. |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 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: Melody Buell 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
(((H09790
# P99000027036

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.