2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000102725

1. Entity Name

ADVANCED AUTOMOTIVE ADVERTISING, INC.



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

5420 W CYPRESS ST TAMPA, FL 33607 5420 W CYPRESS ST TAMPA, FL 33607



01022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3629845

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, DAVID A 608 W HORATIO ST TAMPA, FL 33606-2228

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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 Signature, typsed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REAM, KELLY P 5420 W CYPRESS ST TAMPA, FL 33607				
TITLE	ST				U00000751977 05/18/07-80125-010 158.75
NAME STREET ADDRESS	REAM, GERALD L 5420 W CYPRESS ST				03/10/01-00123-010 130.13
CITY-ST-ZIP	TAMPA. FL 33607				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VP REAM, JOAN A 5420 CYPRESS ST. TAMPA, FL 33807			DO NOT WRITE IN THIS SPACE	
TITLE					
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1//30/07

813-490-4636