




2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 024 ***150.00

DOCUMENT # P99000109651 1. Entity Name ADVANCED STRESS METHODS, INC.					
Principal Place of Business 6101 SOUTHRIDGE RD MILTON, FL 32570			Mailing Address 6101 SOUTHRIDGE RD MILTON, FL 32570		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3615433	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, JERRY W JR 6101 SOUTHRIDGE ROAD MILTON, FL 32570				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  Jerry W. Fox President 5/28/07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, JERRY W 6101 SOUTHRIDGE RD MILTON, FL 32570 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judy E. Blake 6253 Allentown Rd Milton, FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, KRISTI 6101 SOUTHRIDGE RD MILTON, FL 32570 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Jerry W. Fox President 5/28/07 850-384-7663 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		

ATTACHMENT

66017510

ASMi

Advanced Stress Methods, Inc.

6101 Southridge Rd.

Milton, FL 32570

850-623-1079 Voice

850-623-4495 Fax

Pay to the
order of

FLORIDA DEPARTMENT OF STATE

\$ 150.00

One hundred fifty and 00/100

Dollars

FIRST NATIONAL BANK OF FLORIDA

P.O. BOX 3651

MILTON, FL 32572

For P99000109651

[Signature]

ENCLOSURE

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MAY 14 2007

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068790

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