2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# S01684

Entity Name: ADVANCED TECHNICAL SALES, INC.

Current Principal Place of Business:

641 NE 26TH COURT
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

641 NE 26TH COURT
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 65-0219993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALEY, MATTHEW
65 SE 5TH AVENUE
UNIT T
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HALEY, MATTHEW M PRES	
Address:	65 SE 5TH AVENUE	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	S	( ) Delete
Name:	HALEY, MATTHEW IV	
Address:	2811 NE 52ND CT	
City-St-Zip:	LIGHTHOUSE PT, FL 33064	
Title:	VP	( ) Delete
Name:	HOLTMANN, DONALD F.	
Address:	840 SE 15TH AVENUE	
City-St-Zip:	DEERFIELD BEACH, FL	
Title:	VP	( ) Delete
Name:	HALEY, DEBRA	
Address:	2811 NE 52ND CT	
City-St-Zip:	LIGHTHOUSE PT, FL 33064	
Title:	TR	( ) Delete
Name:	HALEY, TIMOTHY	
Address:	340 S.E. MIZNER BLVD # 1302	
City-St-Zip:	BOCA RATON, FL 33432	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	HALEY, TIMOTHY	
Address:	995 NW 6 DR	
City-St-Zip:	BOCA RATON, FL 33486 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J HALEY TR 03/25/2009

Electronic Signature of Signing Officer or Director — Date