2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S71300

FILED May 01, 2008 Secretary of State

Entity Name: ADVANCED RESEARCH TECHNOLOGIES, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	OMOND DRIVE ERRACE, FL				
Current Mailing Address:			New Mailing Address:		
	OMOND DRIVE ERRACE, FL				
FEI Number:	59-3081876	FEI Number Applied For ()	l Number Not Appli	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	DACHIM OMOND DR. ERRACE, FL (33617 US			
	named entity s of Florida.	ubmits this statement for the purpo	se of changing it	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electroni	c Signature of Registered Agent		Date	
		(2)(b), F.S., the corporation did not rece	eive the prior notice	e.	
	npaign Financing S AND DIRECT	Trust Fund Contribution (). ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () SASSE, JOACHI 813 BEN LOMOI TEMPLE TERRA	ND DR.	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BRUEGEL-SASSE, JUTTA 813 BEN LOMOND DR. TEMPLE TERRACE, FL 33617	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition SASSE, JOACHIM 813 BEN LOMOND DR TEMPLE TERRACE, FL 33617	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition SASSE, JULIAN 202 PARK RIDGE AVE TEMPLE TERRACE, FL 33617	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition SASSE, JUSTUS 8490 ROSE TERRACE N. LARGO, FL 33777	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition SASSE, STEPHENIE 202 PARK RIDGE AVE TEMPLE TERRACE, FL 33617	

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: JOACHIM SASSE V 05/01/2008