


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr. 28, 2006 08:00 AM
Secretary of State

DOCUMENT # S84609 1. Entity Name ADVANCED DRYER SYSTEMS, INC.	
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Principal Place of Business 7819 NW 22ND LANE GAINESVILLE, FL 32605 US	Mailing Address 7819 NW 22ND LN GAINESVILLE, FL 32605 US
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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3088734	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DINH, KHANH
7819 NW 22ND LN
GAINESVILLE, FL 32005

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINH, KHANH 7819 N.W. 22ND LANE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DINH, GIANG 1375 HOLLOWAY AVE SAN FRANCISCO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVEL, MASON 2410 NW 19TH AVE HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERGER, STANLEY 3623 NW 13TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, DANIEL 3816 SW 84TH ST GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000540399
05/10/06-80015-016 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

Daytime Phone # _____