

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # S84609

1. Entity Name

ADVANCED DRYER SYSTEMS, INC.



Principal Place of Business

**7819 NW 22ND LANE
GAINESVILLE, FL 32605 US**

Mailing Address

**7819 NW 22ND LN
GAINESVILLE, FL 32605 US**



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3088734

Applied For

Not Applicable

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, 2008 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DINH, KHANH
STREET ADDRESS 7819 N.W. 22ND LANE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE VPST
NAME DINH, GIANG
STREET ADDRESS 1375 HOLLOWAY AVE
CITY-ST-ZIP SAN FRANCISCO, CA

TITLE D
NAME MARVEL, MASON
STREET ADDRESS 2410 NW 19TH AVE
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

2/28/08

Date

Daytime Phone #