## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V36681

Entity Name: ANIMATED DISPLAY SYSTEMS INC.

FILED Feb 20, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of Business:			
	BERWOOD F	OAD				
9 FORT MYI	ERS, FL 339 <sup>.</sup>	13				
Current Mailing Address:			New Mailing Address:			
10030 AMBERWOOD ROAD						
9 FT MYERS	S, FL 33913	US				
	: 65-0336721	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
THOMAS, 10030 AMI 9	TERI BERWOOD F	:OAD				
	ERS, FL 339 <sup>.</sup>	13 US				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	THOMAS, JAN 10030 AMBER	) Delete IES C RWOOD ROAD , FL 33913 US	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	THOMAS, TEF 10030 AMBEF	) Delete RI RWOOD ROAD r, FL 33913 US	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	THOMAS, TAY 10030 AMBER	) Delete /LOR RWOOD ROAD , FL 33913 US	Title: Name: Address: City-St-Zip:	THOMAS, TRI 10030 AMBEI	X) Change ( ) Addition EVOR RWOOD ROAD 5, FL 33913 US	
Title: Name:	T (X	() Delete EVOR	Title: Name:	(	) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TERI THOMAS VP 02/20/2008

10030 AMBERWOOD ROAD

FORT MYERS, FL 33913 US

Address:

City-St-Zip: