

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001205

FILED
Mar 30, 2005
Secretary of State

Entity Name: ADVANCED FACILITIES SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

805 REIN RD
CHEEKTOWAGA, NY 14225

New Principal Place of Business:

Current Mailing Address:

805 REIN RD
CHEEKTOWAGA, NY 14225

New Mailing Address:

FEI Number: 16-1352142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEGRASSE, JOHN
1402 59TH AVENUE EAST
BRADENTON, FL 34203 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: CEO () Delete
Name: BRAULT, BRIAN T
Address: 805 REIN RD
City-St-Zip: CHEEKTOWAGA, NY 14225

Title: TREA () Delete
Name: SCHMIDT, KAREN A
Address: 805 REIN RD
City-St-Zip: CHEEKTOWAGA, NY 14225

Title: PRES () Delete
Name: LUTLEY, RICHARD J
Address: 805 REIN RD
City-St-Zip: CHEEKTOWAGA, NY 14225

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN A. SCHMIDT

TREA

03/30/2005

Electronic Signature of Signing Officer or Director

_____ Date