


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # F01000004949	
1. Entity Name ADVANCED DELIVERY SYSTEMS, INC.	

Principal Place of Business 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880	Mailing Address 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1037096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000759794 05/24/07-80057-009-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LEVINE, STUART M 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOWLER, WAYNE 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERCADANTE, MARY ANNE 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD LEVINE, STUART M 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, DAVID E 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACKS, HARRY P 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880

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: M.A. Mercadante VP 4/20/07 203-291-0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #