


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90303 036 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J09915			
1. Entity Name ADVANCED INVESTMENTS UNLIMITED, INC.			
Principal Place of Business 2675 CRYSTAL BEACH RD. WINTER HAVEN, FL 33880 <i>822 Old Shiloh Rd. GREENEVILLE, TN 37745</i>		Mailing Address 2675 CRYSTAL BEACH RD. WINTER HAVEN, FL 33880 <i>822 Old Shiloh Rd. GREENEVILLE, TN 37745</i>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04252005		Chg-P	CR2E034 (10/03)
4. FEI Number 59-2728669		Applert 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 CRUM, LYLE C. 2675 CRYSTAL BCH RD WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 <i>Lyle C. Crum</i>		President	
Signature (print or printed name of registered agent and title if applicable)		(NOTE: Registered Agent Signature Required when Applicable)	
DATE		4-25-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Fidel Fund Contribution. <input type="checkbox"/> \$5.00 May Be Assessed to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD CRUM, LYLE C. <input type="checkbox"/> Delete	TITLE	<i>CRUM, LYLE C.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, LYLE C.	NAME	<i>CRUM, LYLE C.</i>
STREET ADDRESS	2675 CRYSTAL BEACH RD	STREET ADDRESS	<i>822 Old Shiloh Rd.</i>
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	<i>GREENEVILLE, TN 37745</i>
TITLE	D HOFFMAN, MICHAEL J. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MICHAEL J.	NAME	
STREET ADDRESS	161 LONGVIEW AVE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP	
TITLE	D DANIELS, LARRY B. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, LARRY B.	NAME	
STREET ADDRESS	16620 WILLOW GLEN DR	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33558	CITY-ST-ZIP	
TITLE	D FIGLIO, RICHARD S. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGLIO, RICHARD S.	NAME	
STREET ADDRESS	5315 COTTONWOOD TREE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 335948258	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), 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: <i>Lyle C. Crum</i>		4-25-05	
Signature and Title or Printed Name of Reporting Officer or Director		Date	

GREENEVILLE, TN 37745

40068615

