


FILED
Apr 20, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J09915 1. Entity Name ADVANCED INVESTMENTS UNLIMITED, INC.	
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Principal Place of Business 822 OLD SHILOH ROAD GREENEVILLE, TN 37746	Mailing Address 822 OLD SHILOH ROAD GREENEVILLE, TN 37746
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FFI Number 59-2728669	Applied For Not Applicable
5. Certificate of Status Required <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

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 _____ DATE _____

(Signature, typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when available) (Date)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CRUM, LYLE C. 822 OLD SHILOH RD GREENEVILLE, TN 37746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> HOFFMAN, MICHAEL J. 161 LONGVIEW AVE KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, LARRY B. 18820 WILLOW GLEN DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGLIO, RICHARD S. 8315 COTTONWOOD TREE CIRCLE VALRICO, FL 335948254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80135-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 149, 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 information.

SIGNATURE: Lyle C. Crum, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 17 06 423 783 790 2
Date