


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # J09915 1. Entity Name ADVANCED INVESTMENTS UNLIMITED, INC.	
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Principal Place of Business 822 OLD SHILOH ROAD GREENEVILLE, TN 37745	Mailing Address 822 OLD SHILOH ROAD GREENEVILLE, TN 37745
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2728669	Applied For 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

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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 reinstating) _____ 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUM, LYLE C. 822 OLD SHILOH RD GREENEVILLE, TN 37745
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MICHAEL J. 161 LONGVIEW AVE KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, LARRY B. 16620 WILLOW GLEN DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGLIO, RICHARD S. 5315 COTTONWOOD TREE CIRCLE VALRICO, FL 335948258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80101-025 150.00

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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: Lyle C. Crum President 2-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #