

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J09915

FILED
Feb 02, 2009
Secretary of State

Entity Name: ADVANCED INVESTMENTS UNLIMITED, INC.

Current Principal Place of Business:

822 OLD SHILOH ROAD
GREENEVILLE, TN 37745

New Principal Place of Business:

Current Mailing Address:

822 OLD SHILOH ROAD
GREENEVILLE, TN 37745

New Mailing Address:

FEI Number: 59-2728669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUM, LYLE C P
2675 CRYSTAL BCH RD
WINTER HAVEN, FL 33880 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: PD () Delete
Name: CRUM, LYLE C P
Address: 822 OLD SHILOH RD
City-St-Zip: GREENEVILLE, TN 37745

Title: D () Delete
Name: HOFFMAN, MICHAEL J.,
Address: 161 LONGVIEW AVE
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: DANIELS, LARRY B.,
Address: 16620 WILLOW GLEN DR
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: FIGLIO, RICHARD S.,
Address: 5315 COTTONWOOD TREE CIRCLE
City-St-Zip: VALRICO, FL 335948258

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LYLE CRUM

Electronic Signature of Signing Officer or Director

PRES

02/02/2009

_____ Date