## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G63866**

1. Entity Name

ADVANCED SYSTEMS RESEARCH, INC.



FILED Jan 22, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3399A SW 42ND AVE. Palm city, FL 34990 3399A SW 42ND AVE. PALM CITY, FL 34990



DO NO	TC	WRITE	IN THI	S SPACE
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01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2332794

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REDMOND, KEVIN 3399A SW 42ND AVENUE PALM CITY, FL 34990

## DO NOT WRITE IN THIS SPACE

6. The above the obligate SIGNATURE	named entity submits this statement for the prions of registered agent.  Signature typed or printed name of registered agent and title if			egistered agent, or both, required when reinstating)	in the State of Florida. Tam familiar with, and accept U00000790710 01/23/08-80044-018-150.00		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
NAME STREET ADDRESS CITY-ST-ZIP	PD REDMOND, KEVIN 6960 SW GATOR TRAIL PALM CITY, FL		`				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAYLIE, HARVEY 13 NEPTUNE AVE BROOKLYN, NY						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS							

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.

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08

77z)287-5802

Daytime Phone #