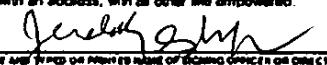


FILED
May 24, 2007 8:00 am
Secretary of State

04-02-2007 90104 014 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # F06000008485			
1. Entity Name ADVANCED CASHFLOW, INC.			
Principal Place of Business 8187 BELLAFORE WAY BOYNTON BEACH FL 33437		Mailing Address 8187 BELLAFORE WAY BOYNTON BEACH FL 33437	
2. Principal Place of Business - No P.O. Box # 9187 BELLAFORE WAY		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc. 2nd	
City & State Boynton Beach FL		City & State	
Zip 33437	Country USA	Zip	Country
4. FEI Number 96-1176188		Approved For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKOPP, JEROLD 8187 BELLAFORE WAY BOYNTON BEACH FL 33437			
7. Name and Address of New Registered Agent Name 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  4/27/07 Date			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
101 NAME SKOPP, JEROLD E STREET ADDRESS 8187 BELLAFORE WAY CITY-STATE-ZIP BOYNTON BEACH FL 33437	☐ Delete	101 NAME SKOPP, JEROLD E STREET ADDRESS 8187 BELLAFORE WAY CITY-STATE-ZIP BOYNTON BEACH FL 33437	☐ Change ☐ Addition
102 NAME SKOPP, MARCIA STREET ADDRESS 8187 BELLAFORE WAY CITY-STATE-ZIP BOYNTON BEACH FL 33437	☐ Delete	102 NAME SKOPP, MARCIA STREET ADDRESS 8187 BELLAFORE WAY CITY-STATE-ZIP BOYNTON BEACH FL 33437	☐ Change ☐ Addition
103 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	103 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
104 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	104 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
105 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	105 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
106 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	106 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/27/07		Date	