2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000634

FILED Apr 23, 2008 Secretary of State

Entity Name: ADVANCE FOUNDATION, INC.

Current P				
	rincipal Place of Business:	New Principal Place	e of Business:	
3320 W. S 209	SUNRISE BLVD			
	ION, FL 33322			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
320 W. S	SUNRISE BLVD			
209 PLANTAT	ION, FL 33322			
	: 35-2288000 FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
1613 OSP	PATRICK Y PREY BEND , FL 33327 US			
	e named entity submits this statement for the p e of Florida.	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Age	nt	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
OFFICER Fitle: Name: Address: City-St-Zip:	S AND DIRECTORS: P () Delete MICHEL, PATRICK Y 1613 OSPREY BEND WESTON, FL 33327	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS: () Change () Addition	
Γitle: √ame: √ddress:	P () Delete MICHEL, PATRICK Y 1613 OSPREY BEND	Title: Name: Address:		
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	P () Delete MICHEL, PATRICK Y 1613 OSPREY BEND WESTON, FL 33327 VP () Delete MICHEL, SARNIA 1613 OSPREY BEND	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Nddress:	P () Delete MICHEL, PATRICK Y 1613 OSPREY BEND WESTON, FL 33327 VP () Delete MICHEL, SARNIA 1613 OSPREY BEND WESTON, FL 33327 SEC () Delete FLORUS, MARLIE 3651 N.W. 95TH TERRACE, #901	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK MICHEL Ρ 04/23/2008