


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000137215
 1. Entity Name
 ADVANTAGE AGENTS ALLIANCE, INC.



Principal Place of Business Mailing Address
 2950 NORTHWEST 101 LANE 2950 NORTHWEST 101 LANE
 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-0455232 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 OATES, DANIEL E
 1500 EAST ATLANTIC BOULEVARD
 SUITE B
 POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

DATE: 03/07/06 80057-007 158.75

10. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	HAMILTON, DIANE
STREET ADDRESS	2950 NORTHWEST 101 LANE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VP,D
NAME	HAMILTON-BASTIDA, SUSAN
STREET ADDRESS	2950 NORTHWEST 101 LANE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	STD
NAME	CLATSOFF, ADAM
STREET ADDRESS	2950 NORTHWEST 101 LANE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ DATE: 2/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR