


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90014 030 ***158.75

DOCUMENT # P03000137215							
1. Entity Name ADVANTAGE AGENTS ALLIANCE, INC.							
Principal Place of Business 2950 NORTHWEST 101 LANE CORAL SPRINGS, FL 33065		Mailing Address 2950 NORTHWEST 101 LANE CORAL SPRINGS, FL 33065					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		03032008 Chg-P CR2E034 (12/06)			
Zip		Country		4. FEI Number 20-0455232			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
OATES, DANIEL E 1500 EAST ATLANTIC BOULEVARD SUITE B POMPANO BEACH, FL 33060			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P.D	<input checked="" type="checkbox"/> Delete	TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, DIANE		NAME	W. ADAM CLATSOFF			
STREET ADDRESS	2950 NORTHWEST 101 LANE		STREET ADDRESS	3000 N.W. 101 ST LANE			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	CORAL SPRINGS, FL 33065			
TITLE	VP.D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON-BASTIDA, SUSAN		NAME				
STREET ADDRESS	2950 NORTHWEST 101 LANE		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLATSOFF, ADAM		NAME	HEATHER DOVETTE			
STREET ADDRESS	2950 NORTHWEST 101 LANE		STREET ADDRESS	3000 N.W. 101 ST LANE			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	CORAL SPRINGS, FL 33065			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 3/3/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				