2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054461

Name:

Address:

City-St-Zip:

Entity Name: ADVANCED NETWORK CONSULTING INC

FILED Jul 08, 2009 Secretary of State

	. //20////02	D IVE I VV OIKI	(001100211110						
Current Principal Place of Business:					New Principal Place of Business:				
	ESS COURT CH GARDENS,	FL 33410				ALMON RE T LUCIE, F			
Current Mailing Address:					New Mailing Address:				
736 DUCHESS COURT PALM BEACH GARDENS, FL 33410					2391 SW SALMON RD PORT SAINT LUCIE, FL 34953				
FEI Number: 4	17-0871560	FEI Number Aր	oplied For ()	FEI Number i	Not Applic	able ()	Certific	ate of Status Desire	d ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
DUBE, TIMOTHY 736 DUCHESS COURT PALM BEACH GARDENS, FL 33410 US					DUBE, TIMOTHY 2391 SW SALMON RD PORT SAINT LUCIE, FL 34953 US				
The above r		bmits this sta	tement for the pu	urpose of cha	anging its	s registered	d office or	registered agent,	or both,
SIGNATURE: TIMOTHY DUBE					07/08/2009				
Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:									
	P () C DUBE, TIMOTHY 736 DUCHESS C PALM BEACH GA		4 10		e: ess:	P DUBE, LAUF 2391 SW SA PORT SAINT	RA ALMON RD	() Addition 34953	
Title: Name: Address: City-St-Zip:	() [elete			e: ess:	DIR DUBE, TIMO 2391 SW SA PORT SAINT	THY LMON RD	(X) Addition 34953 US	
Title:	()□	elete		Title:	:	DIR	() Change	(X) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

BALINT, BRIAN

1909 CHURCH ST APT 14B

RAHWAY, NJ 07065 US

SIGNATURE: TIMOTHY DUBE DIR 07/08/2009