

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006901

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: ADVANTAGE INFORMATION SYSTEMS, INC.

**Current Principal Place of Business:**

10001 NW 50TH ST SUITE 105  
SUNRISE, FL 33351

**New Principal Place of Business:**

10001 NW 50TH STEET  
SUITE 105  
SUNRISE, FL 33351

**Current Mailing Address:**

10001 NW 50TH ST SUITE 105  
SUNRISE, FL 33351

**New Mailing Address:**

10001 NW 50TH STEET  
SUITE 105  
SUNRISE, FL 33351

FEI Number: 65-0895131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALONE, ANN E  
1011 SEABROOK AVE  
DAVIE, FL 33325 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MALONE, ANN E  
Address: 1011 SEABROOK AVE.  
City-St-Zip: DAVIE, FL 33325

Title: ST ( ) Delete  
Name: MALONE, RICHARD D  
Address: 1011 SEABROOK AVE.  
City-St-Zip: DAVIE, FL 33325

Title: VP ( ) Delete  
Name: SLOTT, GERALD  
Address: 1011 SEABROOK AVE.  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: GERALD SLOTT

VP

01/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date