


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90040 018 \*\*\*150.00

**DOCUMENT # P99000006901**

1. Entity Name  
**ADVANTAGE INFORMATION SYSTEMS, INC.**



Principal Place of Business  
**10001 NW 50TH STEET  
 SUITE 105  
 SUNRISE, FL 33351**

Mailing Address  
**10001 NW 50TH STEET  
 SUITE 105  
 SUNRISE, FL 33351**

2. Principal Place of Business - No P.O. Box #  
**1580 SAWGRASS CORP PKWY  
 SUITE, Apt. #, etc.  
 SUITE 130**

3. Mailing Address  
**1580 SAWGRASS CORP PKWY  
 SUITE, Apt. #, etc.  
 SUITE 130**

City & State  
**SUNRISE, FLORIDA**

City & State  
**SUNRISE, FLORIDA**

Zip Country  
**33323-2860 : USA**

Zip Country  
**33323-2860 BROWARD**

4. FEI Number  
**65-0895131**


Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MALONE, ANN E  
 1011 SEABROOK AVE  
 DAVIE, FL 33325**

7. Name and Address of New Registered Agent  
 Name  
**RICHARD MALONE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1580 SAWGRASS CORP PKWY  
 SUITE 130**  
 City **SUNRISE** FL Zip Code **33323-2860**

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 **RICHARD MALONE**  DATE **7-5-07**


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 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MALONE, ANN E 1011 SEABROOK AVE. DAVIE, FL 33325</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P V 3ST MALONE, RICHARD 1580 SAWGRASS CORP PKWY SUITE 130 SUNRISE, FLORIDA 33323</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MALONE, RICHARD D 1011 SEABROOK AVE. DAVIE, FL 33325</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **RICHARD MALONE - PRESIDENT** DATE **7/5/07** DAYTIME PHONE # **954 742-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40126803

