2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P99000063677

Entity Name: TOTAL ADVANTAGE, INC.

Current Principal Place of Business:

1419 S.W. 17TH STREET
OCALA, FL 34474

New Principal Place of Business:

1919 NE JACKSONVILLE ROAD
BUILDING 200
OCALA, FL 34470

Current Mailing Address:

PO BOX 1807
OCALA, FL 3478-807

New Mailing Address:

1919 NE JACKSONVILLE ROAD
BUILDING 200
OCALA, FL 34470

FEI Number: 59-3587305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, CARLYLE K
1419 S.W. 17TH STREET
OCALA, FL 34474

Name and Address of New Registered Agent:

DAVIS, CARLYLE K
1919 NE JACKSONVILLE ROAD
OCALA, FL 34470

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: CARLYLE K. DAVIS 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: ELLISOR, JASON
Address: 7670 S.W. 12TH ST.
City-St-Zip: OCALA, FL 34474

Title: P ( ) Delete
Name: DAVIS, CARLYLE K
Address: 5345 S.E. 22ND PLACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: ELLISOR, JASON
Address: 7670 S.W. 12TH ST.
City-St-Zip: OCALA, FL 34474

Title: PD (X) Change ( ) Addition
Name: DAVIS, CARLYLE K
Address: 5345 S.E. 22ND PLACE
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARLYLE K. DAVIS PD 04/28/2004
Electronic Signature of Signing Officer or Director Date