## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 24, 2007 08:00 AM Secretary of State **DOCUMENT # 489543** ADVANCE DEVELOPMENT CORPORATION Mailing Address Principal Place of Business 21058 ROSEDOWN CT 21058 ROSEDOWN COURT **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1634482 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WEISS, JEFFREY J Street Address (P.O. Box Number is Not Acceptable) 21034 ROSEDOWN COURT **BOCA RATON FL 33433** City Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE-Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** BILL ☐ Delete Change WEISS, JEFFREY J NAME NAMÉ U00000727797 21034 ROSEDOWN COURT STREET ADDRESS STREET ADDRESS 05/04/07-80062-021 150.00 **BOCA RATON FL 33433** CITY-S1-7IP CITY-ST-ZIP Change Delete TITLE Addition NAME STREET ADDRESS STRECT ADDRESS CHY-ST-7IP CITY ST-ZIP MILE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIItE ☐ Delete THE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP IIILE Defete TITLE Change Addition NAME NAME STIMET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HITEE ☐ Delete DILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 oppowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07 5/1-487-9/11