



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 653857</b> 1. Entity Name <b>ADVANCED REALTY CONCEPTS, INC.</b>	
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FILED  
05 OCT -6 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3298 SUMMIT BLVD., SUITE 51 (32503-2743) P.O. BOX 10686 PENSACOLA, FL 32524	Mailing Address 3298 SUMMIT BLVD., SUITE 51 (32503-2743) P.O. BOX 10686 PENSACOLA, FL 32524
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



09122005	Chg-P	CR2E034 (10/03)
4. FEI Number <b>59-1966587</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>  REGISTER, DALE R. 3298 SUMMIT BLVD., SUITE 51 PENSACOLA, FL 32503	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: R. Dale Register / R. DALE REGISTER 10-3-05 850-449-2494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #