


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000003728	
1. Entity Name FLA-ADVANTAGE CAPITAL CORPORATION	

Principal Place of Business 2300 WINDY RIDGE PARKWAY, SUITE 1100 ATLANTA, GA 30339	Mailing Address 2300 WINDY RIDGE PARKWAY, SUITE 1100 ATLANTA, GA 30339
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5659764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP GRUBER, JOSEPH B 2300 WINDY RIDGE PARKWAY, SUITE 1100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD ROTHSTEIN, STEVEN 2300 WINDY RIDGE PARKWAY, SUITE 1100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WILLIAMS, DANIEL O 2300 WINDY RIDGE PARKWAY, SUITE 1100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS WELLS, THOMAS M 230 WINDY RIDGE PKWY #1100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/08/06-80088-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Thomas M Wells Date: 1/19/06 Daytime Phone #: 770-914-2500