

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006522

FILED
Apr 30, 2007
Secretary of State

Entity Name: GREEN ADVANTAGE, INC.

Current Principal Place of Business:

12606 TRILLIUM GLEN LANE
LOVETTSVILLE, VA 20180

New Principal Place of Business:

Current Mailing Address:

12606 TRILLIUM GLEN LANE
LOVETTSVILLE, VA 20180

New Mailing Address:

FEI Number: 52-2051596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JEFFREY S
3909-A NEWBERRY ROAD
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DATAN, TAMAR
Address: 12933 SLATER ROAD
City-St-Zip: LOVETTSVILLE, VA 20180

Title: D () Delete
Name: BRATZEL, WENDY
Address: 13743 LAKESIDE DRIVE
City-St-Zip: CLARKSVILLE, MD 21704

Title: P () Delete
Name: O'REAR, GRADY
Address: 12606 TRILLIUM GLEN LAKE
City-St-Zip: LOVETTSVILLE, VA 20180

Title: S () Delete
Name: PEABODY, DAVID
Address: BOX 2550
City-St-Zip: ALEXANDRIA, VA 22301

Title: VC () Delete
Name: FREEMAN, DAVID
Address: 736 N ELMWOOD
City-St-Zip: OAK PARK, IL 60302

Title: T () Delete
Name: MCNEIL, BOB
Address: 3000 JEFFERSON DAVIS HWY
City-St-Zip: ALEXANDRIA, VA 22305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HADDOX, CHRIS
Address: 293 WILLEY STREET
City-St-Zip: MORGANTOWN, WV 26505

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRADY O'REAR

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date