2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# F04000000221

Entity Name: ADVANTAGE ASSET RECOVERY, INC.

Current Principal Place of Business:

410 TWITCHELL RD
DOTHAN, AL 36303

New Principal Place of Business:

Current Mailing Address:

PO BOX 1129
DOTHAN, AL 36302

New Mailing Address:

FEI Number: 20-0164374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGLETARY, JERRY LAMAR
1137 HWY 171
GRACEVILLE, FL 32440 US

Name and Address of New Registered Agent:

MARTY, LANE
4296 HWY 273
GRACEVILLE, FL 32440 US

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: MARTY LANE 09/06/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: SMITH, TODD
Address: 2904 MURPHY MILL RD
City-St-Zip: DOTHAN, AL 36303

Title: P ( ) Delete
Name: ARMSTRONG, MICHAEL
Address: 212 SPYGLASS RD
City-St-Zip: DOTHAN, AL 36305

Title: VP (X) Delete
Name: SMITH, DAN
Address: 1502 MONTCLIFF DR.
City-St-Zip: DOTHAN, AL 36303

Title: ST (X) Delete
Name: SINGLETARY, CINDY
Address: 8617 S. STATE HWY 103
City-St-Zip: SLOCOMB, AL 36375

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SMITH, DAN
Address: 1502 MONTCLIFF DR
City-St-Zip: DOTHAN, AL 36303

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 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: TODD SMITH P 09/06/2005
Electronic Signature of Signing Officer or Director Date