

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000425

FILED
Apr 13, 2009
Secretary of State

Entity Name: ADVANCED SETTLEMENTS, INC.

Current Principal Place of Business:

2101 PARK CENTER DRIVE
SUITE 220
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

C/O NFP 500 W MADISON ST
STE 2400
CHICAGO, IL 60661 US

New Mailing Address:

FEI Number: 31-1487944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCPT () Delete
Name: MCNEALY, SEAN T
Address: 2101 PARK CENTER DR, STE 220
City-St-Zip: NEW YORK, NY 10019

Title: DCPS () Delete
Name: KIRBY, SCOTT T
Address: 2101 PARK CENTER DR, STE 220
City-St-Zip: NEW YORK, NY 10019

Title: DCP () Delete
Name: GANOVSKY, MATTHEW A
Address: 2101 PARK CENTER DR, STE 220
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: ZUCCARO, ROBERT
Address: 787 7TH AVE 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: LIESER, LORI M
Address: 500 W MADISON ST, STE 2400
City-St-Zip: CHICAGO, IL 60661

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: SCHNEIDER, BRETT
Address: 340 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10173

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI M. LIESER

VP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date