

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**



DOCUMENT # F04000003602  
 1. Entity Name  
 ADVANCE WORLD TRADE, INC.

Principal Place of Business Mailing Address  
 4321 N. KNOX AVE. 4321 N. KNOX AVE.  
 CHICAGO, IL 60641-1906 CHICAGO, IL 60641-1906



**DO NOT WRITE IN THIS SPACE**

04142005 No Chg-P CR2E034 (10/03)  
 4. FEI Number 36-3218349 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JACKSON, REX  
 8984 N.W. 105TH WAY  
 MEDLEY, FL 33178

**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, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Ray Jackson* (NOTE: Registered Agent signature required when re-registering) DATE: 4-25-05

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, MICHAEL 4321 N. KNOX AVE. CHICAGO, IL 606411906
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UN0000339118  
 04/28/05-80064-006 150.00  
**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Green* DATE: 4/18/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #