

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # F06000002374

1. Entity Name
ADVANTICA, INC.



Principal Place of Business
**600 BENT CREEK BLVD.
SUITE 100
MECHANICSBURG, PA 17050**

Mailing Address
**600 BENT CREEK BLVD.
SUITE 100
MECHANICSBURG, PA 17050**



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0598832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PC GUNN, BRIAN ASHBY ROAD LOUGHBOROUGH LEICESTERSHIRE LE 11 3GR UNITED KINGDOM,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TISO, DAVID ASHBY ROAD LOUGHBOROUGH LEICESTERSHIRE LE 11 3GR UNITED KINGDOM,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COOLIDGE, THOMAS E 285 MOORELAND AVENUE CARLISLE, PA 17013
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXV DOCHERTY, MARK 5177 RICHMOND AVENUE HOUSTON, TX 77056
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, SHELLY 12 CARLETON COURT CAMP HILL, PA 17001
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUMMER, KARL J 250 MCKNIGHT STREET CARLISLE, PA 17013
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05/08/07-80087-021 150.00

**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:

Karl J. Brummer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/07

717 742 2900