


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90029 001 \*\*\*150.00

<b>DOCUMENT # F06000002374</b> 1. Entity Name <b>ADVANTICA, INC.</b>					
Principal Place of Business <b>600 BENT CREEK BLVD. SUITE 100 MECHANICSBURG, PA 17050</b>			Mailing Address <b>600 BENT CREEK BLVD. SUITE 100 MECHANICSBURG, PA 17050</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>76-0598832</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GUNN, BRIAN ASHBY ROAD LOUGHBOROUGH LEICESTERSHIRE LE 11 3GR UNITED KINGDOM,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MICHAEL MOORE 4153 OXFORD ROAD, CHATHAM, VA 24531	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TISO, DAVID ASHBY ROAD LOUGHBOROUGH LEICESTERSHIRE LE 11 3GR UNITED KINGDOM,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COOLIDGE, THOMAS E 265 MOORELAND AVENUE CARLISLE, PA 17013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXV DOCHERTY, MARK 5177 RICHMOND AVENUE HOUSTON, TX 77056		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, SHELLY 12 CARLETON COURT CAMP HILL, PA 17001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUMMER, KARL J 250 MCKNIGHT STREET CARLISLE, PA 17013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
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.					
<b>SIGNATURE:</b> <i>Thomas E Coolidge</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			25 FEB 2008 Date		717 724 1900 Daytime Phone #