2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# F08000003334

Entity Name: ADVANTAGE IQ, INC.

Current Principal Place of Business:

1313 N ATLANTIC ST STE 5000
SPOKANE, WA 99201

New Principal Place of Business:

Current Mailing Address:

1313 N ATLANTIC ST STE 5000
SPOKANE, WA 99201

New Mailing Address:

FEI Number: 91-1701028 **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: C ( ) Delete
Name: MORRIS, SCOTT L
Address: 1411 E MISSION AVE
City-St-Zip: SPOKANE, WA 99202

Title: VCP ( ) Delete
Name: STILES, STUART A
Address: 1313 N ATLANTIC ST STE 5000
City-St-Zip: SPOKANE, WA 99201

Title: D ( ) Delete
Name: ANDERSON, ERIK J
Address: 3720 CARILLION POINT
City-St-Zip: KIRKLAND, WA 98033

Title: D ( ) Delete
Name: BLAKE, KRISTIANNE
Address: PO BOX 28338
City-St-Zip: SPOKANE, WA 99208

Title: V ( ) Delete
Name: PORTER, DAVID
Address: 1313 N ATLANTIC ST STE 5000
City-St-Zip: SPOKANE, WA 99201

Title: S ( ) Delete
Name: FELTES, KAREN
Address: 1411 E MISSION AVE
City-St-Zip: SPOKANE, WA 99202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MALQUIST, MALYN
Address: 1411 E MISSION AVE
City-St-Zip: SPOKANE, WA 99220

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

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 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: HENRY YAN ES 03/23/2009

Electronic Signature of Signing Officer or Director Date