2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002723

Entity Name: MEMBER ADVANTAGE SERVICE CORPORATION

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5581 BRO. STE 100	ADCAST COL				
	A, FL 34240		Now Mailing Addra		
Current Mailing Address:			New Maining Addres	New Mailing Address:	
STE 100	ADCAST COU A, FL 34240	IRT			
FEI Number:	: 39-1723210	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	BENJAMIN ORIDA AVENI L 33602 US	_			
	named entity e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RF.				
01011/1101		nic Signature of Registered Age	ent	 Date	
Election Car		g Trust Fund Contribution ().	,	Dute	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PIANO, ANTHO	ID DRIVE, STE 105	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JESSEN, LAW	ID DRIVE, STE 105	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (KRANITZ, RICH 1238 12TH AVI GRAFTON, WI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DAVIS, RICHAI 1503 WEST M MEQUON, WI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HALFMAN, CH	R RIDGE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE M JESSEN VASD 04/15/2005