
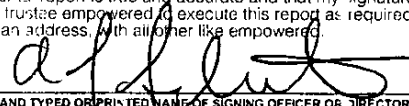


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90428 008 ***150.00

DOCUMENT # K62205 1. Entity Name ADVANCE HOSPITALITY SERVICES, INC.					
Principal Place of Business % ANTHONY SYLVESTER 3419 N DIXIE HWY FT. LAUDERDALE FL 33334			Mailing Address % ANTHONY SYLVESTER 3419 N DIXIE HWY FT. LAUDERDALE, FL 33334		
2. Principal Place of Business Suite, Apt., etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City		State		Zip	
4. FEI Number 65-0177902				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SYLVESTER ANTHONY 3419 N DIXIE HWY SUITE 32 FT. LAUDERDALE, FL 33306				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
8. The undersigned hereby certifies that 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 obligation of the registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE MONTHLY FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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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 reported on this statement 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; and that my name appears in Block 10 or Block 11 if I am an officer or director.					
SIGNATURE:  4/19/06 954-566-0888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					