

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90293 034 ***158.75

DOCUMENT # L33738 1. Entity Name ADVANTAGE INTERNATIONAL, INC.					
Principal Place of Business 1911-B E FOWLER AVE TAMPA, FL 33612 US			Mailing Address 1911-B E FOWLER AVE TAMPA, FL 33612 US		
2. Principal Place of Business 4803 George Rd Suite 400 Tampa FL 33634 USA		3. Mailing Address 4803 George Rd Suite 400 Tampa FL 33634 USA			
4. FEI Number 59-2997350		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04252005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent TERVO, TRACE A 1911B E FOWLER AVE TAMPA, FL 33612			7. Name and Address of New Registered Agent Name TERVO, TRACE A Street Address (P.O. Box Number is Not Acceptable) 4803 George Rd, Suite 400 City Tampa FL Zip Code 33634		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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-ST-ZIP	CEO TERVO, TRACE 1911B E FOWLER AVE TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD ZALBA, GARY 13701 DALE MABRY TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOE KATTOS, TINA 1911-B E FOWLER AVE TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD KATTOS, PETER 4401 W 95TH ST OAK LAWN, IL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS KEKLLAS, VIVIAN J 1911B E FOWLER AVE TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT KATTOS, TINA 4803 GEORGE RD, SUITE 400 TAMPA FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS KEKLLAS, V J 4803 GEORGE RD, SUITE 400 TAMPA FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS KEKLLAS, V J 4803 GEORGE RD, SUITE 400 TAMPA FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>T. Kattos</i></u> TERVO, TRACE A 4/25/05 8139775739 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					