2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED Feb 25, 2005 08:00 AM Secretary of State DOCUMENT # M49440 1. Entity Name ADVAN INC. Principal Place of Business Mailing Address 2829 W. BROWARD BLVD. 6001 N OCEAN DR FT, LAUDERDALE FL 33312 SUITE 703 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2795685 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABBOTT, WAYNE SCOTT Street Address (P.O. Box Number is Not Acceptable) 2829 W. BROWARD BLVD. FT. LAUDERDALE FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete TITLE ☐ Change Addition ABBOTT, WAYNE SCOTT NAME NAME 2829 W. BROWARD BLVD. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP THE ST ☐ Delete TITLE ☐ Change Addition NAME ABBOTT, MYRIAM NAME STREET ADDRESS 6001 N OCEAN BLVD SUITE 703 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP TITLE TITLE Delete ☐ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MANUF STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 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.

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