

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 07, 2008
Secretary of State**

DOCUMENT# M49440

Entity Name: ADVAN INC.

Current Principal Place of Business:

2829 W. BROWARD BLVD.
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

6001 N OCEAN DR
SUITE 703
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 59-2795685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, WAYNE SCOTT
2829 W. BROWARD BLVD.
FT. LAUDERDALE, FL 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABBOTT, WAYNE SCOTT,
Address: 2829 W. BROWARD BLVD.
City-St-Zip: FT. LAUDERDALE, FL

Title: ST () Delete
Name: ABBOTT, MYRIAM
Address: 6001 N OCEAN BLVD SUITE 703
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABBOTT, WAYNE S
Address: 2829 W. BROWARD BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: ST (X) Change () Addition
Name: ABBOTT, WAYNE S
Address: 2829 W. BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312

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: WAYNE S. ABBOTT

PD

10/07/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date