2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# P00000004168

Entity Name: ADVANTAGE SERVICES.NET, INC.

Current Principal Place of Business:

1041 SE 17TH STREET
203
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1041 SE 17TH STREET
203
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0976158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SACKS, JAMES
621 SW 18 ST
FT. LAUDERDALE, FL 33315 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SACKS, JAMES H
Address: 621 SW 18 ST
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: D ( ) Delete
Name: SACKS, BARBARA L
Address: 621 SW 18 ST
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: D ( ) Delete
Name: CUMMINS, MICHAEL E II
Address: 940 SW 19TH ST
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D ( ) Delete
Name: INMAN, JUBAL
Address: 802 N 31ST RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: TORRES, HECTOR
Address: 2331 NE 6TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CUMMINS, MICHAEL E III
Address: 940 SW 19TH ST
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D (X) Change ( ) Addition
Name: INMAN, JUBAL
Address: 3801 S. OCEAN DRIVE #10-R
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA LUCAS SACKS D 01/19/2006

Electronic Signature of Signing Officer or Director — Date