

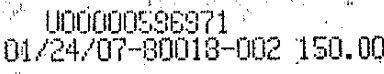



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000004168 1. Entity Name ADVANTAGE SERVICES.NET, INC.			
Principal Place of Business 1041 SE 17TH STREET 203 FORT LAUDERDALE, FL 33316		Mailing Address 1041 SE 17TH STREET 203 FORT LAUDERDALE, FL 33316	
DO NOT WRITE IN THIS SPACE			
		01182007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0976158	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SACKS, JAMES 621 SW 18 ST FT. LAUDERDALE, FL 33315		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		 DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	SACKS, JAMES H		
STREET ADDRESS	621 SW 18 ST		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315		
TITLE	D		
NAME	SACKS, BARBARA L		
STREET ADDRESS	621 SW 18 ST		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315		
TITLE	D		
NAME	CUMMINS, MICHAEL E III		
STREET ADDRESS	940 SW 19TH ST		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		
TITLE	D		
NAME	INMAN, JUBAL		
STREET ADDRESS	3801 S. OCEAN DRIVE #10-R		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		
TITLE	D		
NAME	TORRES, HECTOR		
STREET ADDRESS	2331 NE 6TH AVE		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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: 		Date: 1-18-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	