2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004168

Entity Name: ADVANTAGE SERVICES.NET, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1041 SE 17TH STREET				1041 SE 17TH STREET				
203 FORT LAUDERDALE, FL 33316				100 FORT LAUDERDALE, FL 33316				
Current Mailing Address:				New Mailing Address:				
1041 SE 17TH STREET				1041 SE 17TH STREET				
203 FORT LAUDERDALE, FL 33316				100 FORT LAUDERDALE, FL 33316				
					ber Not Applicable () Certificate of Status Desired ()			
Name and	Address of Ci	ırrent Registered Agent:		Name and	Address of N	lew Reni	istered Agent:	
		Name and Address of New Registered Agent:						
SACKS, JAMES 621 SW 18 ST FT. LAUDERDALE, FL 33315 US				SACKS, BARBARA 621 SW 18 ST FT. LAUDERDALE, FL 33315 US				
The above in the State		ubmits this statement for the pu	rpose of	f changing it	s registered o	ffice or re	egistered agent, or both,	
SIGNATURE: BARBARA L. SACKS				01/09/2008				
Electronic Signature of Registered Agent						[Date	
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P () I SACKS, JAMES 621 SW 18 ST FT. LAUDERDAL			Title: Name: Address: City-St-Zip:	D (X) SACKS, JAMES 621 SW 18 ST FT. LAUDERDA		,	
Title: Name: Address: City-St-Zip:	D () I SACKS, BARBAR 621 SW 18 ST FT. LAUDERDAL			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () I CUMMINS, MICH 940 SW 19TH ST FORT LAUDERD	Г		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () I INMAN, JUBAL 3801 S. OCEAN HOLLYWOOD, F			Title: Name: Address: City-St-Zip:	()	Change() Addition	
Title: Name: Address: City-St-Zip:	D (X) TORRES, HECTO 2331 NE 6TH AV POMPANO BEAC	E		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: BARBARA L. SACKS DIR 01/09/2008