2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112166

Entity Name: CO-ADVANTAGE ADMINISTRATIVE SERVICES. INC

FILED Jan 14, 2005 Secretary of State

y	mer conbi	ANTAGE ABIMING TO ATTUE	5E1(V16E6, 11V6.		
Current Principal Place of Business:			New Principal Place of Business:		
111 W JEF SUITE 100	FFERSON ST)	REET			
ORLANDO	D, FL 32801				
Current Mailing Address:			New Mailing Address:		
SUITE 100	FFERSON ST) D, FL 32801	REET			
FEI Number	: 59-3707287	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
250 PARK WINTER F	PARK, FL 327		purpose of changing i	its registered office or registered agent, or bot	
SIGNATU		nic Signature of Registered Ag	.ant	Data	
Election Car		nic Signature of Registered Ag	geni	Date	
OFFICER	S AND DIREC	CIORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	ROBBINSON,) Delete WILLIAM H JR RSON ST., STE 100 . 32801	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLIAMS, DA	RSON STREET, STE 100	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition WILLIAMS, DAYNE 111 W JEFFERSON STREET, STE 100 ORLANDO, FL 32801	
Title: Name: Address: City-St-Zip:	VP (GOIN, BRUCE) Delete RSON STREET, STE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HEWITT, BEN) Delete RSON STREET, STE 100 . 32801	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (WOLIN, JAY) Delete	Title: Name:	T (X) Change () Addition LOWREY, MARK	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM H ROBBINSON JR S 01/14/2005

111 W JEFFERSON STREET, STE 100

ORLANDO, FL 32801

Address: City-St-Zip: 111 W JEFFERSON STREET, STE 100

ORLANDO, FL 32801