FILED **~~ 2008 FOR PROFIT CORPORATION** Mar 21, 2008 08:00 A **ANNUAL REPORT Secretary of State** DOCUMENT # P00000113666 ADVANT GROUP, INC. Principal Place of Business Mailing Address **6055 PORTER WAY** 6055 PORTER WAY SARASOTA, FL 34232 SARASOTA, FL 34232 03022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1056526 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINN, ANTONY W DO NOT WRITE 6055 PORTER WAY SARASOTA, FL 34232 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 le if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS U00000865264 04/07/08-80021-021 150.00 TOTLE QUINN, ANTONY W NAME 6055 PORTER WAY STREET ADDRESS SARASOTA, FL 34232 CHY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THEE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 attachnight with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND THEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR