
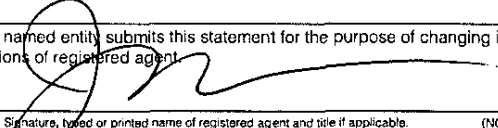
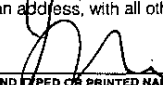


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90095 023 \*\*\*150.00

<b>DOCUMENT # P01000004129</b>					
<b>1. Entity Name</b> ADVANTAGE ASSET HOLDINGS, INC.					
<b>Principal Place of Business</b> 741 US HIGHWAY ONE NORTH PALM BEACH, FL 33408			<b>Mailing Address</b> 741 US HIGHWAY ONE NORTH PALM BEACH, FL 33408		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04142004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 65-1076295				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CALDWELL, R. MICHAEL 741 US HIGHWAY ONE NORTH PALM BEACH, FL 33408			<b>7. Name and Address of New Registered Agent</b> Name <b>Marino, John</b> Street Address (P.O. Box Number is Not Acceptable) <b>741 US Highway One</b> City <b>North Palm Beach</b> <b>FL</b> Zip Code <b>33408</b>		
<b>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.</b>					
SIGNATURE 			John Marino <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALDWELL, R. MICHAEL 13085 COASTAL CIRCLE PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COWAN, CHRISTINE F 741 US HIGHWAY ONE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOFIELD, WILLIAM A 741 US HIGHWAY ONE NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALLARIO, LORI A 741 US HIGHWAY ONE NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> 			4/21/04    5618407751 <small>Date                      Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					