


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90037 010 ***150.00

DOCUMENT # P01000059933	
1. Entity Name ADVANTAGE ASSOCIATES GROUP, INC.	

Principal Place of Business 6901 SW 18TH ST STE 101 BOCA RATON, FL 33433	Mailing Address 601 S FEDERAL HIGHWAY, STE. 100 BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE

00010101



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2026343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COHEN, FRED C
712 US HIGHWAY ONE
NORTH PALM BEACH, FL 33408

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INNELLA, ALAN
STREET ADDRESS	6901 SW 18TH ST STE 101
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	V
NAME	INNELLA, LINDA
STREET ADDRESS	6901 SW 18TH ST STE 101
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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:  2/14/06 561 394-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #