2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # P01000091403 1. Entity Name ADVANTAGE FX EVENT SERVICES, INC. Principal Place of Business Mailing Address 6404 POLO POINT WAY DELRAY BEACH FL 33484 6404 POLO POINT WAY DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 31-1798939 Not Applicab: Z_{i} \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, ERIC Street Address (P.O. Box Number is Not Acceptable) 6404 POLO POINT WAY **DELRAY BEACH FL 33484** City 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 egistered agent. SIGNATURE FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete T)7).F ☐ Change Addition 11000000431907 NAME GORDON, ERIC MAME 02/23/06-8004**8-**003 150**.00** STREET ADDRESS 6404 POLO POINT WAY STREET ADORESS CITY-ST-ZIP DELRAY BEACH FL 33484 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE TOTALE Detete Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete 33315 ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-S1-21P TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P City - ST - ZIP ☐ Oelete TITLE THE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further cartify 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 of 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 little empowered.

SIGNATURE:

ERIC M. GORDON

FILED

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