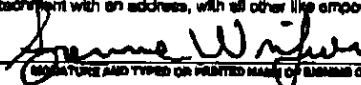


FILED
Jun 04, 2004 8:00 am
Secretary of State

04-30-2004 90229 014 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

4/31

DOCUMENT # P02000040076			
1. Entity Name MOTIVATION ADVANTAGE, INC.			
Principal Place of Business 201 NORTH FRANKLIN STREET SUITE 1740 TAMPA, FL 33602		Mailing Address 201 NORTH FRANKLIN STREET SUITE 1740 TAMPA, FL 33602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 30-0059015		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Zimmer, Vance, Salzman, Hayman & Jordan, P.A. Street Address (P.O. Box Number is Not Acceptable) 2570 Coral Landings Blvd, Suite 201 City Palm Harbor FL Zip Code 34684	
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 		Andrew J. Salzman 5-26-04 DATE	
FILE NOW!!! FEE IS \$160.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTE, ELIZABETH P.O. BOX 550 WAYNE, IL 60184 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINFIELD, SUZANNE 6427 TWIN CREEKS DRIVE VALRICO, FL 33594 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / President CEO ☒ Change ☐ Addition 201 North Franklin Street, Suite 1740 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Vice President ☐ Change ☒ Addition Winfield, Bertman 201 North Franklin Street, Suite 1740 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		4-21-04 813-226-0709 Date Daytime Phone #	