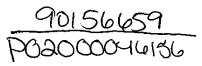
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

Sep 12, 2003 8:00 am Secretary of State P02000046156 DOCUMENT # 09-12-2003 90092 041 ***150.00 1. Entity Name ADVANCED NETWORK CONSULTING INC. Principal Place of Business Mailing Address 308 EAST LAKEVIEW DRIVE 308 EAST LAKEVIEW DRIVE ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address 1727 V: 11Agc 1727 Village Rlud Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES 106 Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUBE, CRAIG A Street Address (P.O. Box Number is Not Acceptable) 1384 PRIMROSE LANE WELLINGTON FL 33414 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, Delete CR2E034 (4/03) TITLE TITLE ☐ Addition DUBE, TIMOTHY M NAME NAME 308 EAST LAKEVIEW DRIVE STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP __ Change TITLE .. 🔲 Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Attachment #

1727 Village Blvd. #106 West Palm Beach, FL 33409



September 9, 2003

Dear Madam or Sir.

I never received a notice telling me this form was due, I only received the notice telling me it was already late. This is my first year in business and I was not aware of the procedures.

I changed addresses last week and have indicated those changes on the form. Thank you for your time

Best Regards,

Timothy M. Dube
President
Advanced Network Consulting Inc.