

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90320 004 ***150.00

DOCUMENT # P03000041758
 1. Entity Name
ADVANCE TELECARD ALLIANCE, INC.



Principal Place of Business
3342 GRIFFIN RD
FT LAUDERDALE, FL 33312

Mailing Address
3342 GRIFFIN RD
FT LAUDERDALE, FL 33312

50025197



2. Principal Place of Business
3408 Griffin Rd

Mailing Address
3408 Griffin Rd

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State
FT. LAUDERDALE, FL

City & State
FT LAUDERDALE FL

Zip
33312

Country
USA

Zip
33312

Country
USA

4. FEI Number
14-1879801

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STOLZENBERG, KEITH H ESQ
1101 BRICKELL AVE STE 1400
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **CARY H. KORNIK**
 Street Address (P.O. Box Number is Not Acceptable)
18901 NE 29th Ave. Suite 100
 City **Aventura** **FL** Zip Code **33180**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EATON, MIGDALIA 5366 SW 33 WAY FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRICHEVSKY, GENE 2770 WALTERS AVE NORTHBROOK, IL 60062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBIER, SIMON 2306 MAGNOLIA CT E BUFFALO GROVE, IL 60089 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILCHKOV, IRINA 623 PORTSMOUTH PL WHEELING, IL 60090 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **2/17/05** DAYTIME PHONE #: **954-983-3226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR