


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-11-2005 90320 004 \*\*\*150.00

<b>DOCUMENT # P03000041758</b> 1. Entity Name <b>ADVANCE TELECARD ALLIANCE, INC.</b>					
Principal Place of Business <b>3342 GRIFFIN RD FT LAUDERDALE, FL 33312</b>			Mailing Address <b>3342 GRIFFIN RD FT LAUDERDALE, FL 33312</b>		
2. Principal Place of Business <b>3408 Griffin Rd</b>			Mailing Address <b>3408 Griffin Rd</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>FT. Lauderdale, FL</b>			City & State <b>FT Lauderdale FL</b>		
Zip <b>33312</b>			Country <b>USA</b>		
Zip <b>33312</b>			Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>STOLZENBERG, KEITH H ESQ 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>GARY H. KARNIK</b> Street Address (P.O. Box Number is Not Acceptable) <b>18901 NE 29th Ave. Suite 100</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EATON, MIGDALIA <input checked="" type="checkbox"/> Delete 5366 SW 33 WAY FT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRICHEVSKY, GENE <input type="checkbox"/> Delete 2770 WALTERS AVE NORTHBROOK, IL 60062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBIER, SIMON <input type="checkbox"/> Delete 2306 MAGNOLIA CT E BUFFALO GROVE, IL 60089		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILCHKOV, IRINA <input type="checkbox"/> Delete 623 PORTSMOUTH PL WHEELING, IL 60090		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"/> Delete		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"/> Delete		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 an officer like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/17/05</b> Daytime Phone # <b>954-983-3226</b>		