

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051957

FILED
Apr 25, 2005
Secretary of State

Entity Name: STRATEGIC ADVANTAGE SOLUTIONS, INC.

Current Principal Place of Business:

6574 NORTH STATE ROAD 7
COCONUT CREEK, FL 33073

New Principal Place of Business:

6174 NW 56TH DRIVE
CORAL SPRINGS, FL 33067

Current Mailing Address:

6574 NORTH STATE ROAD 7, #346
COCONUT CREEK, FL 33073

New Mailing Address:

6174 NW 56TH DRIVE
CORAL SPRINGS, FL 33067

FEI Number: 47-0919222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DEBORAH L
6574 NORTH STATE ROAD 7, #346
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

SMITH, DEBORAH L
6174 NW 56TH DRIVE
CORAL SPRINGS, FL 33067 US

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.

SIGNATURE:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KOPLOVITZ, DAVID E
Address: 5403 NW 109TH LANE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP () Delete
Name: SMITH, MARK R
Address: 6174 NW 56TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP () Delete
Name: SMITH, DEBORAH L
Address: 6174 NW 56TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH SMITH

VP

04/25/2005

Electronic Signature of Signing Officer or Director

Date