2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000056293

1. Entity Nam

ADVANTAGE REFERRAL NETWORK OF ORLANDO, INC.



FILED Apr 16, 2008 08:00 A Secretary of State

Principal Place of Business

1750 W. BROADWAY STREET

SUITE 106 OVIEDO, FL 32765 Maiting Address

1750 W. BROADWAY STREET SUITE 106

OVIEDO, FL 32765



DO NOT WRITE IN THIS SPACE

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0467408

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYRRELL, LORI 1750 W. BROADWAY STREET SUITE 106 OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

			, in				
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				d Agent signature recurred when tensiating) DATI.			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campa Trust Fund Con			ncing	\$5.00 May Be Added to Fees	U0000 04/29/08)0900670 3-80037-016	150.00
10.	OFFICERS AND DIREC	TORS	1.2				· 1000 1000 1000 1000 1000 1000 1000 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYRRELL, LORI 1750 W. BROADWAY STREET, SUITE OVIEDO, FL 32765	E 106	- d - d				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP					NOT V		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			h	IN:	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 407-977-7600