


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000091360</b> 1. Entity Name <b>ADVANTAGE EMPLOYER SOLUTIONS V, INC.</b>	
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FILED  
06 JUN 23 AM 11: 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1911 US HWY 301 N STE 450 TAMPA, FL 33619 US		Mailing Address 1911 US HWY 301 N STE 450 TAMPA, FL 33619 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06152006	Chg-P	CR2E034 (11/05)
4. FEI Number 87-0711704		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
HOLCOMB, VICTOR W 106 S TAMPANIA AVE STE 200 TAMPA, FL 33609		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARPER, WILLIAM H	NAME	<i>SP 6/27</i>		
STREET ADDRESS	2930 JOHN MOORE RD	STREET ADDRESS			
CITY-ST-ZIP	BRANDON, FL 33619	CITY-ST-ZIP			
TITLE	D/P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARPER, STEVEN D	NAME			
STREET ADDRESS	4311 ROBIN LN	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP			
TITLE	D/VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIESS, ROBERT M	NAME	300076681453		
STREET ADDRESS	2602 W SAM ALLEN RD	STREET ADDRESS	06/28/06--01040--001 **1347.50		
CITY-ST-ZIP	PLANT CITY, FL 33564	CITY-ST-ZIP			
TITLE	COO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, J E	NAME			
STREET ADDRESS	13811 WHISPERWOOD DR	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33762	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Steven D Harper*      Steven D Harper      6/28/06      (813) 246-5657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #