

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000109055 1. Entity Name ADVANTAGE CASH FLOW MARKETING, INC.	
--	---

Principal Place of Business 6555 N POWERLINE RD STE 214 FT LAUDERDALE, FL 33309	Mailing Address 6555 N POWERLINE RD STE 214 FT LAUDERDALE, FL 33309
---	---

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2399537	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRIEDLE, JUSTIN M 8670 SUNSET STRIP SUNRISE, FL 33322

**DO NOT WRITE
IN THIS SPACE**

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 Agent signature required when relisting.)	DATE _____
---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000550516 05/13/06-80061-024 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLE, JUSTIN M 8670 SUNET STRIP SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLE, SANDRA B 8670 SUNET STRIP SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCOIS, LYSEE JEAN 5137 ARBOR GLEN CIR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, MARCELLA C 5137 ARBOR GLEN CIR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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