## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P04000054326  1. Entity Name ADVANTAGE BUSINESS SOLUTIONS, INC.			05-02-2006 90198 021 ***150.00
Principal Place of Business 17595 S TAMIAMI TRAIL SUITE 23 FORT MYERS, FL 33908 US	Mailing Address 17595 S RAMIAMI TRAIL SUITE 23 FORT MYERS, FL 33908		
2. Principal Place of Business 1741 E Carnegie Grade Suite, Apt. #, etc.	3. Mailing Address 1741 E Carn Suite, Apt. #, etc.	egie Ci	04272006 Chg-P CR2E034 (11/05)
FH MYCY, FL Zip Country NSA	33912	FL Country USA	4. FEI Number Applied For S5-0861757 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current  DOBBS, JOAN Ł 17595 S TAMIAMI TRAIL SUITE 23 FORT MYERS, FŁ 33908	Registered Agent	17411	7. Name and Address of New Registered Agent  DOWN  DOW
8. The above named entity submits this statement for the purpose of changing its registered deflice 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 like if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
FILE NOW!!! FEE 1S \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10. OFFICERS AND	DIRECTORS Delete	NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  SECRETARY / TREASURO   Change   Addition   Heidi Hinkle   1010 St Ives Ct   Frmuery FL 33912
THE NAME STREET ADDRESS CITY-S1-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 entrustee 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:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR STRECTOR  Dave  D			