

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114958

FILED
Apr 25, 2005
Secretary of State

Entity Name: HAYDEN ADVANTAGE SERVICES INC.

Current Principal Place of Business:

MARIA ALEXANDRA HAYDEN
5524 NW EAST TORINO PARKWAY #5-102
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

MARIA ALEXANDRA HAYDEN
2526 SW DECKARD STREET
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

MARIA ALEXANDRA HAYDEN
5524 NW EAST TORINO PARKWAY #5-102
PORT SAINT LUCIE, FL 34986

New Mailing Address:

MARIA ALEXANDRA HAYDEN
2526 SW DECKARD STREET
PORT SAINT LUCIE, FL 34953

FEI Number: 20-1456267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYDEN, MARIALEXANDRA
5524 NW EAST TORINO PARKWAY
5-102
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

HAYDEN, MARIALEXANDRA
2526 SW DECKARD STREET
PORT SAINT LUCIE, FL 34953 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: P () Delete
Name: HAYDEN, MARIAALEXANDRA
Address: 5524 NW EAST TORINO PARKWAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: HAYDEN, GREGORY JAMES
Address: 5524NW EAST TORINO PARKWAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAYDEN, MARIAALEXANDRA
Address: 2526 SW DECKARD STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP (X) Change () Addition
Name: HAYDEN, GREGORY JAMES
Address: 2526 SW DECKARD SREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: MARIA ALEXANDRA HAYDEN

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date