2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P0500009450 1. Entity Name ADVANTAGE HOME RESCUE, INC.			04-30-2007 90464 010 ***150.00
Principal Place of Business Mailing Address 176 N. RIVERDALE RD. AVON PARK, FL 33825 AVON PARK, FL 33825			
		eth Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04202007 Chg-P CR2E034 (12/06)
City & State Water Howen FL	City & State Winter Hawan		4. FEI Number Applied For 20-2236555 Not Applicable
Zip 33880 Country USA	^{Zip} 33880	Country USA	5. Certificate of Status Desired
6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
BEVERIDGE, DAVID A 176 N. RIVERDALE RD		Street Addr	dress (P.O. Box Number is Not Acceptable)
AVON PARK, FL 33825		154	to Beth Lane
City Winter He			Junter Howen FL Zip Code 37880
 The above named entity submits this statement the obligations of registered agent. 	nt for the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. ! am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered	e Du	L. D. A. Buu E: Registered Agent signature re	verilie 27APROZ
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees			
	L ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME BEVERIDGE, DAVID A	☐ Delete	TITLE NAME	(Sa Change ☐ Addition
STREET ADDRESS 176 N RIVERDALÉ RD. CITY-ST-ZIP AVON PARK, FL 33825		STREET ADDRESS CITY-ST-ZIP	154. Beth Lane hynter Howen FL 33880
10LE	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS City-St-Zip		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	Delete	NAME STREET ADDRESS	C Ondrigo C Nation
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS		STREET ADDRESS	
			ntained 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 turstee 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 THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #			