


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90126 008 \*\*\*150.00

<b>DOCUMENT # P05000024931</b>	
1. Entity Name <b>ADVANCED FIREPLACES, INC.</b>	

Principal Place of Business <b>155 LEHIGH AVENUE FLAGLER BEACH, FL 32136 US</b>	Mailing Address <b>155 LEHIGH AVENUE FLAGLER BEACH, FL 32136 US</b>
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2. Principal Place of Business <b>109 Marshall Circle</b>	3. Mailing Address <b>PO Box 127</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Augustine, FL</b>	City & State <b>Flagler Beach, FL</b>
Zip <b>32086</b>	Zip <b>32136</b>
Country <b>USA</b>	Country <b>USA</b>



03082006 Chg-P CR2E034 (11/05)

4. FEI Number <b>41-2169671</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>SCOTT, JAMES A JR. 4440 N. OCEANSHORE BLVD, 109 PALM COAST, FL 32137</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL 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.

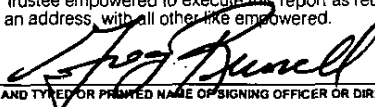
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #