2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2007 8:00 am Secretary of State

DOCUMENT # P06000047003 1. Entity Name ADVANTAGE STUDY & TEST SKILLS, INC.						08-02-2007	7 90011 004 ***1	50.00
Principal Place of Business 6923 ANTINORI LANE BOYNTON BEACH, FL 33427 US		Mailing Address 6923 ANTINORI LANE BOYNTON BEACH, FL 33427 US		40127897				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt. #, etc		07022007	Chg-P	CR2E034 (12/06))	
City & State		City & State		4. FEI Numb	809345		applied For lot Applicable	
Zıp	Country	Zip	Country			of Status Desired	\$8.75 Ac	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered Agent	· · · · · · · · · · · · · · · · · · ·
				Name				
LUBELL, STEVEN L 100 SE THIRD AVE				Street Address (P.O. Box Number is Not Acceptable)				
1600 FT LAUDE	ERDALE, FL 33394							
1				City		····	Zip Co	de
							FL	
	named entity submits this statement ons of registered agent	or the purpose of changing i	ts register	ed office or regis	tered agent, or bo	th, in the State of Fi	lorida. I am familiar with	n, and accept
SIGNATURE .	Signal, se Typed or primed name of registered aper	q and trip if applicable (N)	O"E Registore	ed Agent signature réqu	irea where reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finant Trust Fund Contribution					5.00 May Be dded to Fees		with s. 607.193(2)(b) I not receive the prior	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
HILE	P .	Oelete	TITL	1			☐ Change	Addition
NAMÉ	ROCHKIND, DAWNA A							
STREET ADDRESS CITY ST ZIP	3.20 / 11.11.11.01.11.2			eet address /·si·zip				
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		☐ Delete						
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STREET ADDRESS OUR ST /IP HITLE NAME			STR CIT [*] 1111 NAM	EET ADDRESS Y ST ZIP			Change	☐ Add₁tion
STREET ADDRESS OUT ST JIP			SIR CIT TITL NAM STR	EET ADDRESS Y ST ZIP LE ME			Change	Addition

12. Thereby 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: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

uly 3 2007 561-735-8500