2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112459

2319 CHAPEL DR

CAMARILLO, CA 93010 US

Address:

City-St-Zip:

Entity Name: ADVANTAGE CAPITAL FOLITY SOLUTIONS INC.

FILED Jan 15, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
5777 OLIVAS PARK DR STE E VENTURA, CA 93003 US			5720 RALSTON ST SUITE 200 VENTURA, CA 93003	US		
Current Mailing Address:				New Mailing Address:		
5777 OLIVAS PARK DR STE E VENTURA, CA 93003 US				5720 RALSTON ST SUITE 200 VENTURA, CA 93003	US	
FEI Number	: 06-1790681	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SHAH SERVICES, LLC 2305 DOVEWOOD ESTATES COURT P.O. BOX 1671 VALRICO, FL 33594 US The above named entity submits this statement for the purpose of				SHAH SERVICES, LLC 2305 DOVEWOOD ESTATES COURT BOX 1671 VALRICO, FL 33594 US of changing its registered office or registered agent, or both.		
	e of Florida.		pp			
SIGNATURE:				01/15/2007		
	Electron	ic Signature of Registered Ag	gent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P/D () BACON, LANE 2319 CHAPEL CAMARILLO, C	DR		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP/T () BACON, LANE 2319 CHAPEL CAMARILLO, C	DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () BACON, LANE	Delete T		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: LANE T. BACON CEO 01/15/2007