

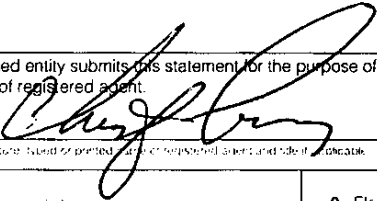


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 016 ***150.00

DOCUMENT # P07000008522 1. Entity Name NATIONAL HR ADVANTAGE, INC.					
Principal Place of Business 130 NORTH HIGHWAY 1 TEQUESTA, FL 33469			Mailing Address 130 NORTH HIGHWAY 1 TEQUESTA, FL 33469		
2. Principal Place of Business - No P.O. Box # 390 TEQUESTA DR.		3. Mailing Address 390 TEQUESTA DR		 01212008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. Ste L		Suite, Apt. #, etc. Ste L			
City & State TEQUESTA FL		City & State TEQUESTA FL			
Zip 33469		Zip 33469			
- Country USA		- Country USA		4. FEI Number 20 8237220	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent O'CONNER, CHRISTOPHER 130 NORTH HIGHWAY 1 TEQUESTA, FL 33469			7. Name and Address of New Registered Agent Name CHRISTOPHER O'CONNOR Street Address (P.O. Box Number is Not Acceptable) 390 TEQUESTA DRIVE SUITE L City TEQUESTA FL Zip Code 33469		
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  4/8/08					
(Signature typed or printed name of registered agent and date acceptable) (Signature typed or printed name of registered agent and date acceptable) (Date)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNER, CHRISTOPHER 130 NORTH HIGHWAY TEQUESTA, FL 33469	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRKPATRICK, CHARLES 130 NORTH HIGHWAY TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 and all other like empowered.					
SIGNATURE: 			4/8/08 248 840 6987		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		