## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P17442

FILED Jan 11, 2006 Secretary of State

Entity Name: ADVANTA BUSINESS SERVICES CORP.

	rincipal Place	of Business:	New Princip	al Place of Business:	
	MENTON ROA RO, NJ 08026	D			
urrent Mailing Address:			New Mailing	New Mailing Address:	
O. BOX	MCKEAN ROA 844 HOUSE, PA 194				
El Number	: 23-2333786	FEI Number Applied For ( )	FEI Number Not Applica	ble ( ) Certificate of Status Desired ( )	
ame and	d Address of C	urrent Registered Agent:	Name and A	ddress of New Registered Agent:	
201 HAYI UITE 105	ES STREET	ORATION SYSTEM, INC. 01 US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its	registered office or registered agent, or both	
GNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
ction Ca	mpaign Financing	Trust Fund Contribution ( ).			
FICER	S AND DIRECT	ΓORS:	ADDITIONS/	CHANGES TO OFFICERS AND DIRECTO	
le: me: dress: :y-St-Zip:	DC () ALTER, DENNIS P.O. BOX 844 SPRING HOUSE		Title: Name: Address: City-St-Zip:	() Change () Addition	
e: me:	DCFO () BROWNE, PHIL P.O. BOX 844	Delete IP M	Title: Name:	( ) Change ( ) Addition	
	SPRING HOUSE	E, PA 19477	Address: City-St-Zip:		
y-St-Zip: e: me: dress:	SPRING HOUSE	Delete IAM A		()Change()Addition	
dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: de: y-St-Zip:	SPRING HOUSE DP () ROSOFF, WILL P.O. BOX 844	Delete IAM A E, PA 19477 Delete ENNY	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
y-St-Zip: le: me: dress: y-St-Zip: le: me: dress:	DP () ROSOFF, WILL P.O. BOX 844 SPRING HOUSE SV () DIWILLIAMS, LE P.O. BOX 844 SPRING HOUSE	Delete IAM A  E, PA 19477  Delete ENNY  E, PA 19477  Delete H H	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

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.

SIGNATURE: SUSAN GIUSTI AS 01/11/2006