2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017133

Address:

City-St-Zip:

232 PARK STREET #15

NEW CANAAN, CT 06880

FILED Jul 02, 2004 Secretary of State

Entity Name: BUSINESS ADVICE, INC. **Current Principal Place of Business: New Principal Place of Business:** 7397 SARIMENTO PLACE DELRAY BEACH, FL 334464419 **Current Mailing Address: New Mailing Address:** 7397 SARIMENTO PLACE DELRAY BEACH, FL 334464419 FEI Number: 65-0658232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLASER, JUDITH S 7397 SARIMENTO PLACE DELRAY BEACH, FL 334464419 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GLASER, JUDITH S Name: Name: 7397 SARIMENTO PLACE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GLASER, RISA Name: 88 CUTTERMILL RD Address: Address: GREAT NECK, NY 11021 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition RUTSTEIN, JODI Name: Name: 5701 NW 38TH AVE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: () Delete Title: () Change () Addition GLASER, ADAM Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDITH GLASER PRES 07/02/2004