2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039238

Entity Name: ASSOCIATES IN ADVANCEMENT INC.

FILED Apr 04, 2005 Secretary of State

Lineity Ivai	. A00001	TIEO IN ADVANCEMENT,	1140.				
Current Principal Place of Business:				New Principal Place of Business:			
452 OSCEOLA ST #110 ALTAMONTE SPRINGS, FL 32701				655 OAK HARBOUR DRIVE #109 ALTAMONTE SPRINGS, FL 32701 US			
Current Mailing Address:				New Mailing Address:			
452 OSCEOLA ST #110 ALTAMONTE SPRINGS, FL 32701 FEI Number: 59-3327924 FEI Number Applied For ()				655 OAK HARBOUR DRIVE #109 ALTAMONTE SPRINGS, FL 32701 US			
FEI Number:	: 59-3327924	FEI Number Applied For ()	FEI Nur	nber Not App	licable ()	Certificate of	Status Desired ()
Name and	Address of (Current Registered Agent	:	Name and	Address of	New Registe	red Agent:
452 OSCE #110 ALTAMON	ITE SPRINGS	FL 32701 US	h	£ -h : :	:4	- 	
in the State	e of Florida.	submits this statement for t	ne purpose c	or changing i	its registered	office of regis	tered agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip: Title:	DISALVATORE 452 OSCEOLA ALTAMONTE S	ST #108 PRINGS, FL		Title: Name: Address: City-St-Zip: Title:	DISALVATORI 655 OAK HAR ALTAMONTE	BOUR DRIVE #1 SPRINGS, FL 32	109 2701 US
Name: Address:	T (DISALVATORE 452 OSCEOLA	,		Name: Address:	DISALVATOR	X) Change()A E PATRICK, J BOUR DRIVE#1	

Address: 452 OSCEOLA ST #108 ALTAMONTE SPRINGS, FL City-St-Zip: Title:

() Delete Name: DUFFY, CECELIA P. 1128 LAMPSON ROAD Address: City-St-Zip: GENEVA, OH

Title: () Delete DISALVATORE, JAMES V. Name: Address: 452 OSCEOLA ST #108 ALTAMONTE SPRINGS, FL City-St-Zip:

GENEVA, OH 44041 US

1128 LAMPSON ROAD

DUFFY, CECELIA P.

ALTAMONTE SPRINGS, FL 32701 US

(X) Change () Addition

() Change () Addition

Name: Address: City-St-Zip:

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

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.

SIGNATURE: PATRICK J. DISALVATORE Ρ 04/04/2005