

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90094 007 ***150.00

DOCUMENT # P95000039238 1. Entity Name ASSOCIATES IN ADVANCEMENT, INC.					
Principal Place of Business 655 OAK HARBOUR DRIVE #109 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 655 OAK HARBOUR DRIVE #109 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business - No P.O. Box # 171 Archers Point		3. Mailing Address 171 Archers Point			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Longwood, FL		City & State Longwood, FL		4. FEI Number 59-3327924	
Zip 32779		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DISALVATORE, JAMES V 452 OSCEOLA ST. #108 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 DISALVATORE, PATRICK J 655 OAK HARBOUR DRIVE #109 ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DISALVATORE, PATRICK J. 171 Archers Point Longwood, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DISALVATORE PATRICK J 655 OAK HARBOUR DRIVE #109 ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DISALVATORE, PATRICK J. 171 ARCHERS POINT LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DISALVATORE, JAMES V 452 OSCEOLA ST., #108 ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DISALVATORE, JAMES V. 452 OSCEOLA ST #108 ALTAMONTE SPRINGS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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, with all other like empowered.					
SIGNATURE: <i>Patrick J. Disalvatore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>April 19, 2007</i> <small>Date</small>		<i>321-277-5675</i> <small>Daytime Phone #</small>