

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000068176

Entity Name: VANTAGE GROUP, INC.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

8301 CYPRESS PLAZA DR.  
201  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## New Mailing Address:

8301 CYPRESS PLAZA DR.  
201  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

1825-A N THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-3341672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EAKIN, PAUL M  
559 ATLANTIC BLVD., STE. 4  
ATLANTIC BEACH, FL 32233 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: BIONDI, TED  
Address: 12977 DEEP RIVER WAY  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: BIONDI, TED H PRES  
Address: 12977 DEEP RIVER WAY  
City-St-Zip: JACKSONVILLE, FL 32224 US

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: TED H. BIONDI

PRES

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date