

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090378

FILED
Apr 24, 2008
Secretary of State

Entity Name: ADVANCED ANSWERS ON DEMAND, INC.

Current Principal Place of Business:

8100 N UNIVERSTIY DR 3RD FLOOR
FORT LAUDERDALE, FL 33321

New Principal Place of Business:

Current Mailing Address:

8100 N UNIVERSTIY DR 3RD FLOOR
FORT LAUDERDALE, FL 33321

New Mailing Address:

FEI Number: 65-0619530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOKOLOW, AARON
8100 N. UNIVERSITY DRIVE
F. LAUDERDALE, FL 33321 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: V () Delete
Name: SOKOLOW, AARON
Address: 8100 N UNIVERSITY DR 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D (X) Delete
Name: ASSIA, DAVID
Address: 8100 N UNIVERSITY DR 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D (X) Delete
Name: BIRK, AMIT
Address: 8100 N UNIVERSITY DR 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: V () Delete
Name: GEORGE, CHARLES
Address: 8100 N UNIVERSITY DR 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: P () Delete
Name: AGMON, ARIC
Address: 8100 N UNIVERSITY DR 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: V () Delete
Name: FRAZIER, DONALD
Address: 8100 N UNIVERSITY DR 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AARON SOKOLOW

V

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date