

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000020263

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** ADVANTAGE REFERRAL NETWORK, INC.

**Current Principal Place of Business:**

3946 LAKE PADGETT DRIVE  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

3712 LAKE JOYCE DRIVE  
LAND O' LAKES, FL 34639

**New Mailing Address:**

FEI Number: 59-3366510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOLNAR, LOUIS G  
3946 LAKE PADGETT DRIVE  
LAND O' LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

MOLNAR, LOUIS G  
3948 LAKE PADGETT DRIVE  
LAND O' LAKES, FL 34639 US

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

01/05/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: MOLNAR, LOUIS G  
Address: 3712 LAKE JOYCE DRIVE  
City-St-Zip: LAND O' LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
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 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: LOUIS G MOLNAR

Electronic Signature of Signing Officer or Director

DPTS

01/05/2006

Date