2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: __

DOCUMENT # P960000997 1. Grutty Name ADVANCED PAGING, INC.	724		May 10, 2006 08:00 AM Secretary of State
Principal Place of Business	Mailing Address	1	
233 E. SR 4321 LONGWOOD FL 32750 US	233 E. SR 4321 LONGWOOD FL 32750 US	,	
2. Principal Place of Business	3. Mailing Address		T THE RIVERS WE KNING WHICH WENT WENT SENS SENS SENS SENS BUTTE WHICH DIMSESS AS SEEN
Suite, Apt. if, etc.	Sude, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State	City & State		4. FEI Number 59-3419883 Applied For Not Applied For
Z ₁ p Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent Name			7. Name and Address of New Registered Agent
BOETTO, STEVE 233 E. SR 434 LONGWOOD FL 32750		Street Address	(P.O. Box Number is Not Acceptable)
		City	FL Zip Code
5. The above named entity submits this statement	for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am (amiliar with, and accept
the obligations of registered agent.			
SIGNATURE Signature, typed in printed name of registered agent and title if applicable (NOTE: Registered Agent signature inquised when remistating). DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.0 Make Check Payable to Florida Department			9. Election Campaign Financing \$5.00 May E. Trust Fund Contribution. Added to Fees
ta. OFFICERS AN		11.	AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TULE P NAME BOETTO, STEVEN	☐ Detate	TIPLE NAME	☐ Change ☐ Addition
STREET ADDRESS 233 E SR 434		STREET AODRESS	U00000565125
mile LONGWOOD FL 32750	7	CITY-ST-ZIP	05/20/06-80108-017 150.00
MANGE	☐ Detete	TITLE	Change AADO
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-21P	
TITLE	☐ Belete	TETLE	Ctrange Addition
STREET ADDRESS		name Siheli audress	
CAY-ST-ZIP		City-51-2IP	
MAME	☐ Defete	NAME }	☐ Change ☐ Addition
STREET ADDRESS CITY-SI-ZIP		STREET ADURESS CITY-ST-ZIP	
TIFLE NAME	Defete	TITLE	☐ Change ☐ Addition
STREET ADDRESS CNFY-ST-ZIP		NAME STREET ADDRESS CITY-ST- OP	
ISTLE -	☐ Delete	TITLE	☐ Change ☐ A4°°
NAME STREET ADDRESS GITY-ST-ZIP		NAME STREET ADDRESS 2014-ST-ZUP	
12. I hereby certify that the information supplied with this filing does not qually for the exemptions contained in Section 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 path, that I am an afficer 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 life empowered.			

SIGNATURE AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED.

Daytona Phone F