

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000006620**  
 1. Entity Name  
**ADVANTAGE MORTGAGE SERVICES, INC.**



Principal Place of Business      Mailing Address  
**13704 PLAINVIEW RD.**      **13704 PLAINVIEW RD.**  
**ODESSA, FL 33556**      **ODESSA, FL 33556**

**DO NOT WRITE IN THIS SPACE**



04092008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3440444**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ALVAREZ, ANTHONY S**  
**13704 PLAINVIEW RD**  
**ODESSA, FL 33556**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U000000941334  
 05/28/08-80102-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ALVAREZ, ANTHONY S
STREET ADDRESS	13704 PLAINVIEW RD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: [Signature]      Date: 4-8-08      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR