04/29/2008 20:17 FAX 561 478 4548 ZIELINSKI & BOYD C

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May 01, 2008 8:00 am
Secretary of State
05-01-2008 90199 048 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000097420

1. Entity Name
THE REFERRAL ADVANTAGE CORP.

60036477

04292008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2925 PGA BLVD STE 101 PALM BEACH GARDENS, FL 33410 US	2925 PGA BLVD STE 101 PALM BEACH GARDENS, FL 33410 US
2. Principal Place of Business - No P.O. Box # 4580 Donald Ross Rd.	3. Mailing Address 14580 Donald Ross Rd
Suite, Apt. #, etc. 107	Suite, Apt. #, etc. 107
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens
Zip 33478 Country Palm Beach	Zip 33418 Country Palm Beach

4. FEI Number 65-0877305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STODDARD, BATES F
~~2925 PGA BLVD~~
~~SUITE 101~~
~~PALM BEACH GARDENS, FL 33410~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 4580 Donald Ross Rd
Ste. 107
City Palm Beach Gardens FL Zip Code 33418

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STODDARD, BATES F ~~2925 PGA BLVD., SUITE 101~~ ~~PALM BEACH GARDENS, FL 33410~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 4580 Donald Ross Ste 107 Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Bates Stoddard 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #