




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90040 018 \*\*\*150.00

<b>DOCUMENT # P99000006901</b> 1. Entity Name <b>ADVANTAGE INFORMATION SYSTEMS, INC.</b>			
Principal Place of Business <b>10001 NW 50TH STEET SUITE 105 SUNRISE, FL 33351</b>		Mailing Address <b>10001 NW 50TH STEET SUITE 105 SUNRISE, FL 33351</b>	
2. Principal Place of Business - No P.O. Box # <b>1580 SAWGRASS CORP PKWY</b> Suite, Apt. #, etc. <b>SUITE 130</b>		3. Mailing Address <b>1580 SAWGRASS CORP PKWY</b> Suite, Apt. #, etc. <b>SUITE 130</b>	
City & State <b>SUNRISE, FLORIDA</b> Zip <b>33323-2860</b>		City & State <b>SUNRISE, FLORIDA</b> Zip <b>33323-2860</b>	
Country <b>USA</b>		Country <b>BROWARD</b>	
4. FEI Number <b>65-0895131</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MALONE, ANN E 1011 SEABROOK AVE DAVIE, FL 33325</b>		7. Name and Address of New Registered Agent Name <b>RICHARD MALONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1580 SAWGRASS CORP PKWY</b> <b>SUITE 130</b> City <b>SUNRISE</b>	
State <b>FL</b>		Zip Code <b>33323-2860</b>	
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 <u><b>RICHARD MALONE</b></u>  <u><b>7-5-07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>S</b> NAME <b>MALONE, ANN E</b> STREET ADDRESS <b>1011 SEABROOK AVE.</b> CITY-ST-ZIP <b>DAVIE, FL 33325</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PRES</b> NAME <b>MALONE, RICHARD</b> STREET ADDRESS <b>1580 SAWGRASS CORP PKWY SUITE 130</b> CITY-ST-ZIP <b>SUNRISE, FLORIDA 33323</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>MALONE, RICHARD D</b> STREET ADDRESS <b>1011 SEABROOK AVE.</b> CITY-ST-ZIP <b>DAVIE, FL 33325</b>	<input checked="" type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>RICHARD MALONE - PRESIDENT</b>		Date <u><b>7/5/07</b></u> Daytime Phone # <u><b>742-4200</b></u>	

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