2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P99000096470

Entity Name: ADVANCE SOLAR & SPA, INC.

Current Principal Place of Business:

2431 CRYSTAL DR
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2431 CRYSTAL DR
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0962013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDS, JIM
2431 CRYSTAL DR
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FIELDS, JAMES S
Address: 418 SW 49TH LN
City-St-Zip: CAPE CORAL, FL 33914

Title: SD ( ) Delete
Name: FIELDS, WILLIAM T
Address: 14080 DUKE HWY
City-St-Zip: ALVA, FL 33920

Title: TD ( ) Delete
Name: GOLDBERG, DAN
Address: 460 SE 10TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD ( ) Delete
Name: GOLDBERG, BRIAN
Address: 12180 RIVER RD.
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: FIELDS, AARON W
Address: 1657 ATLANTA PLAZA DR
City-St-Zip: SANIBEL, FL 33957

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES FIELDS PD 01/08/2007

Electronic Signature of Signing Officer or Director Date