


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90395 036 ***150.00

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| DOCUMENT # F97000004969 | |  | |
| 1. Entity Name ADVANCE AMERICA, CASH ADVANCE CENTERS OF FLORIDA, INC. | | | |
| Principal Place of Business 135 NORTH CHURCH STREET SPARTANBURG, SC 29306 | | Mailing Address P.O. BOX 3058 SPARTANBURG, SC 29304 | |
| 2. Principal Place of Business - No P.O. Box # <i>135 North Church St</i> | | 3. Mailing Address <i>PO Box 3058</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <i>Spartanburg, SC</i> | | City & State <i>Spartanburg, SC</i> | |
| Zip <i>29306</i> | Country <i>USA</i> | Zip <i>29304</i> | Country <i>USA</i> |
| 4. FEI Number 58-2333774 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | AS SHAW, ROBERT W 135 NORTH CHURCH STREET SPARTANBURG, SC 29306 <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 | PD COMPTON, KEN E 135 NORTH CHURCH ST SPARTANBURG, SC 29306 <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 | SD SHAW, ROBERT W 135 NORTH CHURCH ST SPARTANBURG, SC 29306 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD Jonathan M. Monson 135 North Church St Spartanburg SC 29306 <input checked="" 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 |
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| 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: <i>JONATHAN M. MONSON</i> | | Date: <i>4-24-07</i> (888) 316 4238 x8300 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |