

1.) CORPORATION NAME:

CoAdvantage Resources 25, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4001 9TH ST NORTH STE 227
ARLINGTON, VA 22203**

SCC ID NO: **F1885104**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 WEST JEFFERSON ST.

CITY/ST/ZIP: ORLANDO, FL 32801

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | |
|-----------------------------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MIGUEL A. MASEDA | | |
| TITLE: PRESIDENT | | |
| ADDRESS: 111 WEST JEFFERSON ST. | | |
| CITY/ST/ZIP/CO: ORLANDO, FL 32801 | | |

| | | |
|---------------------------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: DENYCE ROBINSON | | |
| TITLE: SEC/TREASURER | | |
| ADDRESS: 3350 BUSCHWOOD PARK DR | | |
| STE 200 | | |
| CITY/ST/ZIP/CO: TAMPA, FL 33618 | | |

| | | |
|-----------------------------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: MARK LOWREY | | |
| TITLE: CFO | | |
| ADDRESS: 111 WEST JEFFERSON ST. | | |
| CITY/ST/ZIP/CO: ORLANDO, FL 32801 | | |

| | | |
|-----------------------------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Robert Kelly | | |
| TITLE: DIRECTOR | | |
| ADDRESS: 111 W Jefferson St | | |
| CITY/ST/ZIP/CO: Orlando, FL 32801 | | |

| | | |
|-----------------------------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Justin Lipton | | |
| TITLE: DIRECTOR | | |
| ADDRESS: 111 West Jefferson St | | |
| CITY/ST/ZIP/CO: Orlando, FL 32801 | | |

| | | |
|---------------------------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Clinton Burgess | | |
| TITLE: VICE PRESIDENT | | |
| ADDRESS: 3350 Buschwood Pk Dr | | |
| Ste 200 | | |
| CITY/ST/ZIP/CO: Tampa, FL 33618 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|--|----------------------------------|----------|
| /s/ MIGUEL A. MASEDA | MIGUEL A. MASEDA, PRESIDENT | 1/9/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |