


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90058 042 \*\*\*150.00

**DOCUMENT # P01000020178**  
 1. Entity Name  
**FLA TAX ADVISORS, INC**



40122809



Principal Place of Business Mailing Address  
 441 S. STATE ROAD 7 441 S. STATE ROAD 7  
 19-A 19-A  
 POMPANO BEACH, FL 33068 POMPANO BEACH, FL 33068

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

06082007 Chg-P CR2E034 (12/06)  
 4. FEI Number Applied For  
 65-1090595 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FUELLING, DEREK G**  
**441 S. STATE ROAD 7 #19-A**  
**POMPANO BEACH, FL 33068**

7. Name and Address of New Registered Agent  
 Name **Derek G. Fuelling**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2316 Cypress Bend DR S. #320**  
 City **Pompano Beach FL** Zip Code **33069**

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 Derek Fuelling DATE 6-14-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D P</b> <b>FUELLING, DEREK G</b> <b>2316 CYPRESS BEND DR #320</b> <b>POMPANO BCH, FL 33069</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D P</b> <b>Derek Fuelling</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2316 CYPRESS BEND DR #320</b> <b>POMPANO BEACH FL 33069</b>
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"/> Change <input type="checkbox"/> Addition
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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: Derek Fuelling Date 6-14-07 954-969-5589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #