

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 29, 2005  
Secretary of State**

DOCUMENT# P02000116174

Entity Name: THE ADVISORS ALLIANCE, INC.

**Current Principal Place of Business:**

4613 N UNIVERSITY DR  
SUITE 237  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

4613 N UNIVERSITY DR  
SUITE 237  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

FEI Number: 05-0557695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOMBROW, ALLAN B  
4613 N UNIVERSITY DR  
SUITE 237  
CORAL SPRINGS, FL 33067 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

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: DOMBROW, ALLAN B  
Address: 4613 N UNIVERSITY DR #237  
City-St-Zip: CORAL SPRINGS, FL 33067 FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: PEREL DE AREVALO, YINI  
Address: 9496 BOCA RIVER CIRCLE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: D ( ) Change (X) Addition  
Name: PEREL DE AREVALO, YINI  
Address: 9496 BOCA RIVER CIRCLE  
City-St-Zip: BOCA RATON, FL 33434 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLAN B. DOMBROW

P

09/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date