


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90259 019 ***150.00

DOCUMENT # P04000026442
 1. Entity Name
ADVISORS FINANCIAL CORPORATION



Principal Place of Business Mailing Address
 4613 N UNIVERSITY DR 4613 N UNIVERSITY DR
 #237 #237
 POMPANO BEACH, FL 33067 US POMPANO BEACH, FL 33067 US

60035932



2. Principal Place of Business 3. Mailing Address
 4613 N. University Drive 4613 N. University Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #237 #237

04222006 Chg-P CR2E034 (11/05)

City & State City & State
 Coral Springs, FL Coral Springs, FL
 Zip Country Zip Country
 33067 USA 33067 USA

4. FEI Number Applied For
 65-1109314 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DOMBROW, ALLAN B
 4613 N UNIVERSITY DR #237
 POMPANO BEACH, FL 33067

7. Name and Address of New Registered Agent
 Name Allan B. Dombrow
 Street Address (P.O. Box Number is Not Acceptable) 4613 N. University Drive #237
 City Coral Springs FL Zip Code 33067

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 _____
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 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P, D, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBROW, ALLAN B	NAME	Allan B. Dombrow
STREET ADDRESS	4613 N UNIVERSITY DR #237	STREET ADDRESS	4613 N. University Drive #237
CITY-ST-ZIP	POMPANO BEACH, FL 33067	CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBROW, ALLAN B	NAME	
STREET ADDRESS	4613 N UNIVERSITY DR #237	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33067	CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Allan B. Dombrow Allan B. Dombrow 4/24/06 954-777-0252
Signature and typed or printed name of signing officer or director Date Daytime Phone #