

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90102 020 ***150.00


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01172006 No Chg-P CR2E034 (11/05)

DOCUMENT # P95000059396

1. Entity Name
ADVISORY CAPITAL PARTNERS, INC.



Principal Place of Business 505 S. FLAGLER DR. SUITE 1450 WEST PALM BEACH, FL 33401	Mailing Address 505 S. FLAGLER DR. SUITE 1450 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1352973	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEWQUIST, AILEEN M
 300 EL BRILLO WAY
 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECCLES, ROBERT G 49 PARKER ST LEXINGTON, MA 02421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWQUIST, SCOTT C 300 EL BRILLO WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECCLES, ANNE L 49 PARKER STREET LEXINGTON, MA 02421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWQUIST, AILEEN M 300 EL BRILLO WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Aileen M. Newquist** 1-17-06 561-835-8395

Signature and typed or printed name of signing officer or director Date Daytime Phone #