2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2007 08:00 AM Secretary of State

Fee Required

DOCUMEI	VT#	P9800	007251	14
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1. Entity Name

SEWALL'S POINT FINANCIAL ADVISORS, INC.



Principal Place of Business

Mailing Address

3601 SE OCEAN BLVD.

SUITE 005 STUART, FL 34996 3601 SE OCEAN BLVD.

SUITE 005

STUART, FL 34996



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P		CR2E034 (11/05)			
4. FEI Number	<u> </u>		Applied For		
65-1018	3473		Not Applicable		
5. Certificate of Status Desired			\$8.75 Additional		

6. Name and Address of Current Registered Agent

FERRARO, FRANK A CPA 3601 SE OCEAN BLVD. SUITE 005

SIGNATURE:

DO NOT WRITE IN THIS SPACE

STUARI, I	FL 34996			114	THE GIAGE	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered Ag	gent signatur	required when reinstating)	DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD FERRARO, FRANK A 3601 SE OCEAN BLVD. STUART, FL 34996					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRARO, VIRGINIA 3601 SE OCEAN BLVD. STUART, FL 34996				U00000666616 03/23/07-80079-002 150.0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 of trustee empowered of 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 an address, with a principle of the empowered.						

FFICER OR DIRECTOR