


2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/2

FILED
Apr 25, 2008 8:00 am
Secretary of State

03-27-2008 90039 021 ***150.00

DOCUMENT # P98000072514
 1. Entity Name
 SEWALL'S POINT FINANCIAL ADVISORS, INC.



Principal Place of Business Mailing Address
 3601 SE OCEAN BLVD. 3601 SE OCEAN BLVD.
 SUITE 005 SUITE 005
 STUART, FL 34996 STUART, FL 34996

66007933



DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1018473	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 FERRARO, FRANK A CPA
 3601 SE OCEAN BLVD.
 SUITE 005
 STUART, FL 34996

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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, Title 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, 2008 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	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
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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 or without like empowered.

SIGNATURE: *Virginia Ferraro* 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #