

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90168 039 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000086833			
1. Entity Name ADVISORY ASSOCIATES, INC.			
Principal Place of Business 2424 N. FEDERAL HIGHWAY SUITE 105 BOCA RATON, FL 33431		Mailing Address POST OFFICE BOX 811657 BOCA RATON, FL 33481	
2. Principal Place of Business 2548 CANTERBURY DR. N.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State	
Zip 33407	Country U.S.A	Zip	Country
6. Name and Address of Current Registered Agent YUNGBLUTH, DONALD J 2424 N. FEDERAL HIGHWAY SUITE 105 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2548 CANTERBURY DRIVE NORTH City WEST PALM BEACH FL Zip Code 33407	
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. DONALD J. YUNGBLUTH			
SIGNATURE: 		DATE: 1/9/06	
SIGNATURE, TYPE OR PRINTED NAME OF REGISTERED AGENT AND FILE 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT YUNGBLUTH, DONALD J 2424 N FEDERAL HWY STE 105 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2548 CANTERBURY DRIVE NORTH WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DONALD J. YUNGBLUTH		DATE: 1/9/06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #: 561 702-3371	