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Secretary of State

03-27-2007 90006 004 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 691863

1. Entity Name
FINANCIAL ASSETS CORPORATION

400042147

Principal Place of Business
902 CLINT MOORE RD.
#116
BOCA RATON, FL 33487 US

Mailing Address
902 CLINT MOORE RD.
#116
BOCA RATON, FL 33487 US

03122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
30 Wall Street
Suite, Apt. #, etc.
Ste. 1203
City & State
New York, N.Y.
Zip
10005
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-2169034
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOTTOMS, DAVID N JR
902 CLINT MOORE ROAD
SUITE 116
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOTTOMS, DAVID N JR 920 CLINT MOORE RD., STE. 116 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KLEINER, MILAGROS ~~902 BLINT MOORE RD, STE 116~~ ~~BOCA RATON, FL 33487~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 Wall Street, Ste. 1203 New York, N.Y. 10005	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: David Bottoms   3/20/07   212 269 6720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #