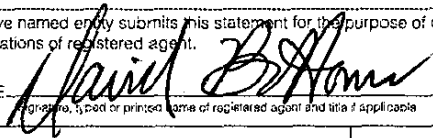
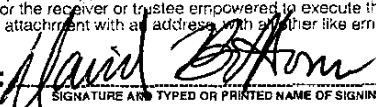


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90018 050 ***150.00

DOCUMENT # 691863 1. Entity Name FINANCIAL ASSETS CORPORATION					
Principal Place of Business % 902 CLINT MOORE ROAD 220 BOCA RATON, FL 33487 US			Mailing Address % 902 CLINT MOORE ROAD 220 BOCA RATON, FL 33487 US		
2. Principal Place of Business 902 CLINT MOORE ROAD Suite, Apt. #, etc. 116		3. Mailing Address 902 CLINT MOORE ROAD Suite, Apt. #, etc. 116			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 59-2169034	
Zip 33487		Country US		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 220 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name DAVID N. BOTTOMS JR. Street Address (P.O. Box Number is Not Acceptable) 902 CLINT MOORE RD SUITE 116 City BOCA RATON, FL Zip Code 33487	
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, 2004 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 PD NAME BOTTOMS, DAVID N JR STREET ADDRESS 902 CLINT MOORE RD. SUITE 220 CITY-ST-ZIP BOCA RATON, FL 33487	☒ Delete		TITLE PD NAME DAVID N. BOTTOMS, JR. STREET ADDRESS 902 CLINT MOORE RD SUITE 116 CITY-ST-ZIP BOCA RATON, FL 33487	☒ Change ☐ Addition	
TITLE AS NAME COSTELLO, ANN MARIE STREET ADDRESS 902 CLINT MORE RD STE 220 CITY-ST-ZIP BOCA RATON, FL 33487	☒ Delete		TITLE AS NAME ANN MARIE COSTELLO STREET ADDRESS 902 CLINT MOORE RD SUITE 116 CITY-ST-ZIP BOCA RATON, FL 33487	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 exemption stated in Section 119.07(3)(i), 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 another like empowered					
SIGNATURE: 			Date 4/12/04 Daytime Phone # 561-997-5601		