2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2004 90018 050 ***150.00

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1. Entity Name
FINANCIAL ASSETS CORPORATION

Principal Place of Business	Mailing Address
% 902 CLINT MOORE ROAD 220 BOCA RATON, FL 33487 US	% 902 CLINT MOORE ROAD 220 BOCA RATON, FL 33487 US

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
902 CLINT MOORE ROAD	902 CLINT MOORE ROAD
Suite, Apt. #, etc. 116	Suite, Apt. #, etc. 116
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33487 Country US	Zip 33487 Country US

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 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 [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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOTTOMS, DAVID N JR 902 CLINT MOORE RD. SUITE 220 BOCA RATON, FL 33487	☒ Delete	PD DAVID N. BOTTOMS, JR. 902 CLINT MOORE RD SUITE 116 BOCA RATON, FL 33487	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COSTELLO, ANN MARIE 902 CLINT MORE RD STE 220 BOCA RATON, FL 33487	☒ Delete	AS ANN MARIE COSTELLO 902 CLINT MOORE RD SUITE 116 BOCA RATON, FL 33487	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ 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 all other like empowered

SIGNATURE: [signature] 4/12/04 561-997-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #