## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 07, 2007 8:00 am Secretary of State

| DOCUMENT # 725373  1. Entity Name TALLAHASSEE ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC  Principal Place of Business  Mailing Address   |   |  |  |  |   | 05-07-2007  | 90057 02                                  | 2 ****70   | .00  |
|--|---|--|--|--|---|---|---|--|--|
| 106 EAST COLLEGE AVE PO BOX 14035  |   | PO BOX 14035<br>Tallahassee, Fl 3230                               | 035  |  |   |   | III BIBN 81811 0191                       | II 91911 Oloik ALAL                                    | [[[ <b>1]]                                 </b>                            |
| 2. Principal P   | ace of Business - No P.O. Box #   | 3. Mailing Address   |  |  |   |   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  | 04192007  | Chg-NP  | CR2E03                                    | 7 (12/06)  |  |
| City & State   |   | City & State   |  | 4. FEI Numbe<br>59-1783  | 3327  |   |   | pplied For   |  |
| Zip  | Country   | Zip  | Country  |  | 5. Certificate  | of Status Desired   |   | \$8.75 Add   |  |
|  | 6. Name and Address of Current  | Registered Agent   |  |  |   | Address of New  | Registered A                              | lgent  |  |
| AUDIL ALA  | N.B.  |  | Nam  | nichael  | 5. Co   | modell  |   |  |  |
| NULL, ALAN R<br>2930 CAPITAL MEDICAL BOULEVARD<br>TALLAHASSEE, FL 32308  |   |  | Sue  | et Address (   | F.O. BOX NUMBE  | r is Not Acceptab   | ile)<br>520                               |  |  |
| TALLAHASSEE, FL 32300  |   |  | City   |  |   |   | E1  | Zip Code   | e  |
| 8. The above named entity submits this statement of the surpose of changing its rec  |   |  |  | - alwhusee - 323   |   |   |   | <i>0</i> 8   |  |
| the obligat  | ions of registered agent.   | Mike S. C  |  |  |   |   | 4-26-0                                    |  | and accept   |
| SIGNATURE  | Signature, typed or printed name pregistered agent  | and title if applicable. (NOTE: F                                  | Registered Agent si  | ignature required  | SI OCUT<br>d when reinstating)  |   | DATE                                      |  |  |
| SIGNATOR   | Signature, typed or printed name of legistered agent<br>Filling Fee is \$61.25<br>Due by May 1, 2007  | and title if applicable. (NOTE: Fund Co                            | Registered Agent si<br>Daign Financir  | ignature required  | \$5.00 May Bo<br>Added to Fees  | e   |   | payable to   |  |
| 10.  | Filing Fee is \$61.25<br>Due by May 1, 2007<br>OFFICERS AND DI  | 9. Election Camp Trust Fund Co                                     | Registered Agent si<br>Daign Financir  | ng   | \$5.00 May Bo<br>Added to Fees  | e   | DATE<br>Make check<br>orida Depart        | payable to   | tate   |
| 10.<br>TITLE   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI   | and title if applicable. (NOTE: f  9. Election Camp  Trust Fund Co | Registered Agent si<br>paign Financir<br>antribution.  | ng   | \$5.00 May Be Added to Fees  ADDITIONS/CHA  | FIG   | DATE<br>Make check<br>orida Depart        | payable to   | tate   |
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| 10.<br>TITLE   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI TD NULL, ALAN R 2930 CAPITOL MEDICAL BLVD   | 9. Election Camp Trust Fund Co                                     | Registered Agent si<br>paign Financir<br>antribution.  | Presin   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHA<br>dent<br>act S. Can<br>E College  | Floanges to office phell Aue. 5te 8   | Make check<br>orida Depart<br>ERS AND DIF | payable to   | tate   |
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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 tuste empoyered to execute this port as required by Chapter 617, 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 proposed.

SIGNATURE:

INTED NAME OF BIGNING OFFICER OR DIRECTOR

N-26-6

(850) 224. 4493

Daytime Phone #