2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001165

Entity Name: VANDERWEIL FACILITY ADVISORS, INC.

FILED Mar 28, 2006 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place of Business:				
266 SUMMI 5TH FL BOSTON, N	ER STREET MA 02210		266 SUMMER STREET BOSTON, MA 02210				
Current Ma	ailing Addres	ss:	New Mailing Address:				
266 SUMMI 5TH FL BOSTON, M	ER STREET MA 02210		266 SUMMI 2ND FLOOI BOSTON, N				
FEI Number:	04-3570054	FEI Number Applied For () FEI Number	mber Not Appli	cable ()	Certificate of	Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Address of N	ew Registe	red Agent:	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,							
in the State		submits this statement for the purpose of	onanging it	s registered of	ince of regis	tered agent, or both,	
SIGNATUR	:E:						
	Electro	nic Signature of Registered Agent			Date	e	
Election Cam	paign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCEO (KOKOS, GERA 266 SUMMER BOSTON, MA	STREET	Title: Name: Address: City-St-Zip:	()	Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	VPT (SUMMERS, JA 266 SUMMER BOSTON, MA	STREET	Title: Name: Address: City-St-Zip:	()	Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	D (WOODWARD, 266 SUMMER BOSTON, MA	STREET	Title: Name: Address: City-St-Zip:	OFF (X) FLORENCE, AN 266 SUMMER S BOSTON, MA	STREET	ddition	
Title: Name: Address: City-St-Zip:	D (DAVIS, D W 266 SUMMER BOSTON, MA		Title: Name: Address: City-St-Zip:	()	Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	D (MARTINSON, 3 266 SUMMER BOSTON, MA	STREET	Title: Name: Address: City-St-Zip:	D (X) MARTINSON, JO 266 SUMMER S BOSTON, MA 0	STREET	ddition	
Title: Name: Address: City-St-Zip:	D (VANDERWEIL 266 SUMMER BOSTON, MA	STREET	Title: Name: Address: City-St-Zip:	D (X) VANDERWEIL, 274 SUMMER S BOSTON, MA 0	TREET	ddition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SUMMERS TRES 03/28/2006