

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004607

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** COLLINS CAPITAL ADVISORS, INC.

**Current Principal Place of Business:**

806 DOUGLAS ROAD  
SUITE 570  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

806 DOUGLAS ROAD  
SUITE 570  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0948201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINDHORST, KENT A  
806 DOUGLAS ROAD  
SUITE 570  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: WEAVER, DOROTHY C  
Address: 806 DOUGLAS ROAD SUITE 570  
City-St-Zip: CORAL GABLES, FL 33134

Title: P  
Name: COLLINS, MICHAEL J  
Address: 806 DOUGLAD ROAD SUITE 570  
City-St-Zip: CORAL GABLES, FL 33134

Title: SCFO  
Name: WINDHORST, KENT A  
Address: 806 DOUGLAS ROAD SUITE 570  
City-St-Zip: CORAL GABLES, FL 33134

Title: AS  
Name: COBB, JEFFREY B  
Address: 2600 POST RD  
City-St-Zip: SOUTHPORT, CT 06490

I hereby 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 all other like empowered.

SIGNATURE: KENT A. WINDHORST

CFO

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date