

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 17, 2006 8:00 am
Secretary of State**

01-17-2006 90247 031 ***150.00

DOCUMENT # F05000001299

1. Entity Name
TAPPAN ADVISORS, INC.



Principal Place of Business
1540 N. LAKE SHORE DRIVE
CHICAGO, IL 60610

Mailing Address

2. Principal Place of Business
2110 HARBOURSIDE DRIVE, #555
Suite, Apt. #, etc.

3. Mailing Address

1540 N. LAKE SHORE DRIVE
CHICAGO, IL 60610

City & State

LONGBOAT KEY, FL

Zip
34228

Country
USA

City & State

Zip

Country

4. FEI Number
36-3146108

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKAL, GLORIA
2110 HARBOURSIDE DRIVE, 3555
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2110 HARBOURSIDE DRIVE, #555

City

FL Zip Code

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME BAKAL, GLORIA
STREET ADDRESS 2110 HARBOURSIDE DRIVE, #555
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE DST
NAME BAKAL, BARNETT
STREET ADDRESS 2110 HARBOURSIDE DRIVE, #555
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE D
NAME BAKAL, SCOTT J
STREET ADDRESS 2 N. LA SALLE STREET
CITY-ST-ZIP CHICAGO, IL 60602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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 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: *Barnett*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARNETT BAKAL

1/10/06

(941) 387-0123

Date

Daytime Phone #

60002670



01092006 Chg-P CR2E034 (11/05)