


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90052 046 ***150.00

DOCUMENT # F05000005584

1. Entity Name
THE STRATEGIC FINANCIAL ALLIANCE, INC.



Principal Place of Business Mailing Address

1100 ABERNATHY RD, SUITE 400 **1100 ABERNATHY RD, SUITE 400**
500 NORTHPARK BLDG **500 NORTHPARK BLDG**
ATLANTA, GA 30328 **ATLANTA, GA 30328**

40036679



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2200 Century Pkwy. **2200 Century Pkwy.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 500 **Ste. 500**

01152007 Chg-P CR2E034 (12/06)

City & State City & State

Atlanta, GA **Atlanta, GA**

Zip Country Zip Country

30345 **USA** **30345** **USA**

4. FEI Number Applied For

03-0510324 Not Applicable

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

6. Name and Address of Current Registered Agent

LUDWIG, CHRIS J
10935 SE 177 PLACE, SUITE 407
SUMMERFIELD, FL 34491

7. Name and Address of New Registered Agent

Name

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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	WOLL, EDWARD B	
STREET ADDRESS	1100 ABERNATHY RD, SUITE 400	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	SLOVIN, CLIVE	
STREET ADDRESS	1100 ABERNATHY RD, SUITE 400	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDSMITH, ARTHUR B	
STREET ADDRESS	1100 ABERNATHY RD, SUITE 400	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2200 Century Parkway, Ste 500	
STREET ADDRESS	Atlanta, GA 30345	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2200 Century Parkway, Ste 500	
STREET ADDRESS	Atlanta, GA 30345	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2200 Century Parkway, Ste 500	
STREET ADDRESS	Atlanta, GA 30345	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **Ed Woll, Chief Compliance Officer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-954-4028