

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005584

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: THE STRATEGIC FINANCIAL ALLIANCE, INC.

**Current Principal Place of Business:**

2200 CENTURY PKWY  
STE 500  
ATLANTA, GA 30345

**New Principal Place of Business:**

**Current Mailing Address:**

2200 CENTURY PKWY  
STE 500  
ATLANTA, GA 30345

**New Mailing Address:**

FEI Number: 03-0510324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SLOVIN, CLIVE  
Address: 2200 CENTURY PARKWAY, STE 500  
City-St-Zip: ATLANTA, GA 30345

Title: SRVP ( ) Delete  
Name: GOLDSMITH, ARTHUR  
Address: 2200 CENTURY PARKWAY, STE 500  
City-St-Zip: ATLANTA, GA 30345

Title: VP ( ) Delete  
Name: SYWAK, ALEX J  
Address: 2200 CENTURY PARKWAY, STE 500  
City-St-Zip: ATLANTA, GA 30345

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR GOLDSMITH

SRVP

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date