2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004882

Entity Name: UHY ADVISORS MO, INC.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3117 S. BIG BEND BLVD. ST. LOUIS, MO 63143				15 SUNNEN DRIVE, SUITE 100 ST. LOUIS, MO 63143			
Current Mailing Address:				New Mailing Address:			
3117 S. BIG BEND BLVD. ST. LOUIS, MO 63143				15 SUNNEN DRIVE, SUITE 100 ST. LOUIS, MO 63143			
FEI Number: 43-1305800 FEI Number Applied For () FEI N			FEI Number Not Ap	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. STE 4 WESTON, FL 33331 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,							
in the State		abilitis this statement for the par	pose of changing	, its registered o	mice of registered ag	gent, or both,	
SIGNATURE:							
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STEIN, RICHAR	PLAZA, 8TH FLOOR	Title: Name: Address: City-St-Zip:) Change ()Addition		
Title: Name: Address: City-St-Zip:	BIKUN, DENNIS	DRIVE, SUITE 2850	Title: Name: Address: City-St-Zip:) Change()Addition		
Title: Name: Address: City-St-Zip:	VD () STARK, PATRIC 3117 S. BIG BE ST. LOUIS, MO	ND BLVD.	Title: Name: Address: City-St-Zip:	STARK, PATRIO 15 SUNNEN DE	RIVE, SUITE 100		
Title: Name: Address: City-St-Zip:	PD () PORSCHEN, LA 3117 S. BIG BE ST. LOUIS, MO	ND BLVD.	Title: Name: Address: City-St-Zip:	PORSCHEN, LA 15 SUNNEN DE	RIVE, SUITE 100		
Title: Name: Address: City-St-Zip:	S () MANDEL, STUA 555 LONG WHA NEW HAVEN, C	RF DRIVE	Title: Name: Address: City-St-Zip:	. ,) Change()Addition		
Title: Name: Address: City-St-Zip:	BIKUN, DENNIS	DRIVE, SUITE 2850	Title: Name: Address: City-St-Zip:) Change ()Addition		
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							

SIGNATURE: LARRY PORSCHEN PD 04/17/2007

above, or on an attachment with an address, with all other like empowered.