

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002379

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE FINANCIAL GROUP ADMINISTRATORS, INC.

Current Principal Place of Business:

2555 SEVERN AVE.,
METAIRIE, LA 70002

New Principal Place of Business:

100 JAMES BOULEVARD
SUITE 150
ST. ROSE, LA 70087 US

Current Mailing Address:

2555 SEVERN AVE.
METAIRIE, LA 70002

New Mailing Address:

100 JAMES BOULEVARD
SUITE 150
ST. ROSE, LA 70087 US

FEI Number: 72-1022066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PD () Delete
Name: PANNO, JACK P
Address: 25 ORIOLE STREET
City-St-Zip: NEW ORLEANS, LA 70124

Title: VTD (X) Delete
Name: KRAUS, FRANK C JR
Address: 4713 CONLIN ST.
City-St-Zip: METAIRIE, LA 70006

Title: S () Delete
Name: MONJURE, PATRICIA M
Address: 3920 KENT AVENUE
City-St-Zip: METAIRIE, LA 70006

Title: D () Delete
Name: MILLER, EDITH L
Address: 1028 ARABELLA STREET
City-St-Zip: NEW ORLEANS, LA 70115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: MONJURE, PATRICIA M
Address: 3920 KENT AVENUE
City-St-Zip: METAIRIE, LA 70006

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

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

SIGNATURE: JACK P. PANNO

PD

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date