

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90144 047 ***150.00

DOCUMENT # G19545 1. Entity Name FINANCIAL INDUSTRIES, INC.					
Principal Place of Business 500 N.W. 165TH ST. RD SUITE 202 MIAMI, FL 33169 US			Mailing Address 500 N.W. 165 ST RD SUITE 202 MIAMI, FL 33169 US		
2. Principal Place of Business 16440 NE 29 Ave		3. Mailing Address 16440 NE 29 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NMB, FL		City & State NMB, FL		4. FEI Number 59-2253672	
Zip 33160		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCHER, MURRAY 500N.W. 165 ST RD SUITE 202 MIAMI, FL 33169			7. Name and Address of New Registered Agent Name Fischer Murray Street Address (P.O. Box Number is Not Acceptable) 16440 NE 29 Ave City NMB FL Zip Code 33160		
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 <u><i>Murray Fisher</i></u> <u><i>Murray Fisher</i></u> 4-7-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, MURRAY 500 N.W. 165 ST RD SUITE 202 MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Murray Fisher</i></u> 4-7-05 205-948 6911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					