2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G19545

FILED Mar 02, 2006 8:00 am Secretary of State

03-02-2006 90005 045 ***150.00

FINANCIAL INDUSTRIES, INC.												
Principal Place of Business 16440 NE 29TH AVE NORTH MIAMI BEACH, FL 33160 US				Mailing Address 16440 NE 29TH AVE NORTH MIAMI BEACH, FL 33160 US				40022406				
2. Principal Place of Business .				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02222006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State				4. FEI Numbe 59-2253			\ 	plied For t Applicable
Zip	. "."	Country		Zip	Count	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent								7. Name and	Address of New F	Registered	Agent	
FISCHER, MURRAY 16440 NE 29TH AVE NORTH MIAMI BEACH, FL 33160						Name Street Ac	dress (I	P.O. Box Numbe	r is Not Acceptabl	le)		
%5										FL	Zip Cod	e
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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE												
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$15 6 Fee will b	0.00 e \$550.00	9. Election Campa Trust Fund Cont	-	ncing	\$5. Add	.00 May Be ed to Fees				
10.		OFFIC	CERS AND DIREC	CTORS			ADDITIONS/	CHANGES TO OFF	FICERS AND		S IN 11	
TITLE NAME STREET ADDRESS	500 N.W.	, MURRAY 165 ST RD S	ПТЕ 202-	☐ Delete		e l	16	440 N	E 29 mil Bono	Aur	Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
12. Thereby	certify that th	e information su	polied with this f	iling does not qualify to	or the exi	emptions co	ontained	d in Chanter 119	Florida Statutes	I further co	rtify that the i	nformation

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: _//_

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.22.00

305 343 5127



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

FINANCIAL INDUSTRIES INC 16440 NE 29 AVE NORTH MIAMI BEACH, FL 33160

Subject: FINANCIAL INDUSTRIES INC

Reference Number:

000000063267

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM ANNUAL REPORTS SECTION