2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74541

Entity Name: D2 ADVISORS, INC.

FILED Jan 04, 2007 Secretary of State

Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EASTWICK, KATHY 7230 BRUNSWICK CIRCLE BOYTON BEACH, FL 33437 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: PD () Delete Title: () Change () Addition Name: HAYES, DAVID A., Name: Address: 7230 BRUNSWICK CIRCLE Address: City-St-Zip: BOYTON BEACH, FL 33437 US Title: STD () Delete Title: () Change () Addition Name: EASTWICK, KATHLEEN A, Name: Address: City-St-Zip: BOYTON BEACH, FL 33437 US Title: STD () Delete Title: () Change () Addition Name: Address: City-St-Zip: BOYTON BEACH, FL 33437 US Title: SVP () Delete Title: () Change () Addition Name: WRUBEL, DAVID Name: WRUBEL, DAVID							
Current Mailing Address: New Mailing Address: 7230 BRUNSWICK CIRCLE BOYTON BEACH, FL 33437 US FEI Number: 59-2820417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Agent Agent New Address: Name: Address: 7230 BRUNSWICK CIRCLE Address: City-St-Zip: Name: Address: City-St-Zip: BOYTON BEACH, FL 33437 US City-St-Zip: Title: SVP () Delete Title: () Change () Addition Name: WRUBEL, DAVID Name:	Current Principal Place of Business:				New Principal Pla	New Principal Place of Business:	
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City-St-Zip: AVON, CT 06001 US City-St-Zip:	Name: Address:	WRUBEL, DAY 27 MILLSTON	VID E DR.		Name: Address:	() 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. HAYES P 01/04/2007