


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # K15043</b><br>1. Entity Name<br><b>PURCHASE ADVISORS, INC.</b>  |  |  |
| Principal Place of Business<br><b>% E. LLWYD ECCLESTONE, JR.<br/>1555 PALM BEACH LAKES BLVD<br/>WEST PALM BEACH, FL 33401</b> | Mailing Address<br><b>C/O FLORIDA MANAGEMENT COMPANY<br/>P.O. BOX 3267<br/>WEST PALM BEACH, FL 33402</b> |   |



01082007 No Chg-P CR2E034 (11/05)

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|--|--|
| 4. FEI Number<br><b>65-0805135</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>ECCLESTONE, E. LLWYD, JR.<br/>1555 PALM BEACH LAKES BLVD<br/>WEST PALM BEACH, FL 33401</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>000000654134</b><br><b>03/13/07-80050-002 158.75</b> |
|---|---|---|

|  |   |
|--|---|
| <b>10. OFFICERS AND DIRECTORS</b>              |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>ECCLESTONE, E. LLWYD, JR<br/>1555 PALM BEACH LAKES BL<br/>WEST PALM BEACH, FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>COOPER, RON<br/>1555 PALM BEACH LKS BLVD<br/>W PALM BEACH, FL</b>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
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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:** *Ron Cooper* **RON COOPER** **EXECUTIVE VICE PRESIDENT** 2/28/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #