

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010751

FILED  
Jul 10, 2008  
Secretary of State

Entity Name: BAY AREA ADVISORS, INC.

## Current Principal Place of Business:

4221 W SPRUCE ST. APT. 2425  
TAMPA, FL 33607

## New Principal Place of Business:

4104 W EL PRADO BLVD  
TAMPA, FL 33629

## Current Mailing Address:

4221 W SPRUCE ST. APT. 2425  
TAMPA, FL 33607

## New Mailing Address:

3102 TOSCANA CIRCLE  
TAMPA, FL 33611

FEI Number: 56-2633532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SANCHEZ, GILBERTO E ESQ.  
101 E. KENNEDY BLVD  
3170  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

FREY, STEVEN  
3102 TOSCANA CIRCLE  
TAMPA, FL 33611 US

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: STEVEN FREY

07/10/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEVY, JASON  
Address: 4221 W SPRUCE ST APT# 2425  
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete  
Name: MURPHY, BRIAN  
Address: 2202 N. WEST SHORE BLVD., SUITE 200  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete  
Name: FREY, STEVE  
Address: 3102 TOSCANA CIRCLE  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MURPHY, BRIAN  
Address: 4104 W EL PRADO BLVD  
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Change ( ) Addition  
Name: DIBLASI, MICHAEL  
Address: 201 W LAUREL ST, #610  
City-St-Zip: TAMPA, FL 33602

Title: T (X) Change ( ) Addition  
Name: FREY, STEVEN  
Address: 3102 TOSCANA CIRCLE  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN MURPHY

P

07/10/2008

Electronic Signature of Signing Officer or Director

Date