

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000101349

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** FINANCIAL ALLIANCE SERVICES INC.

**Current Principal Place of Business:**

7021 CONSTITUTION BOULEVARD  
UNIT 5  
FORT MYERS, FL 33967

**New Principal Place of Business:**

**Current Mailing Address:**

7021 CONSTITUTION BOULEVARD  
UNIT 5  
FORT MYERS, FL 33967

**New Mailing Address:**

**FEI Number:** 65-1054685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARAVELLO, MARY  
7021 CONSTITUTION BOULEVARD  
UNIT 5  
FORT MYERS, FL 339675800 US

**Name and Address of New Registered Agent:**

CARAVELLO, MARY  
7021 CONSTITUTION BOULEVARD  
UNIT 5  
FORT MYERS, FL 33967 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: MARY CARAVELLO

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARAVELLO, MARY  
Address: 7021 CONSTITUTION BOULEVARD UNIT 5  
City-St-Zip: FORT MYERS, FL 33967

Title: D  
Name: CARAVELLO, MARY  
Address: 7021 CONSTITUTION BOULEVARD UNIT 5  
City-St-Zip: FORT MYERS, FL 33967

I hereby 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 all other like empowered.

SIGNATURE: MARY CARAVELLO

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date