2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019007

Entity Name: ANNUITY ADVISORY, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 107	ERSITY DRIVE					
CORAL SP	RINGS, FL 33	30/1				
Current Ma	ailing Addres	s:	New Mailir	ng Address:		
SUITE 107	ERSITY DRIVE					
FEI Number:	·		EEI Number Net Anni	iachla ()	Cartificate of Status	Decired ()
rei Number:	00-1079460	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Address of N	lew Registered A	gent:
WOMELDO	WOOD BIDG	E DO 4 D				
7648 LOCK SARASOTA The above n the State	A, FL 34243 named entity s of Florida.	E ROAD US ubmits this statement for the pu	rpose of changing it	ts registered o	ffice or registered a	agent, or both,
7648 LOCK SARASOTA The above	A, FL 34243 named entity s of Florida. RE:	US		ts registered o	ffice or registered a	agent, or both,
7648 LOCK SARASOTA The above n the State SIGNATUR	A, FL 34243 named entity s of Florida. RE: Electron	US ubmits this statement for the pu		ts registered o		agent, or both,
7648 LOCK SARASOTA The above n the State SIGNATUR Election Carr	A, FL 34243 named entity s of Florida. RE: Electron	US ubmits this statement for the purious contribution ().	t			
7648 LOCK SARASOTA The above n the State SIGNATUR Election Carr	A, FL 34243 named entity s of Florida. RE: Electron paign Financing AND DIRECT P GUCCIARDI, TH	US ubmits this statement for the puric Signature of Registered Agent Trust Fund Contribution (). FORS: Delete IOMAS TY DR, SUITE 107	t	S/CHANGES	Date	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS GUCIARDI P 04/29/2009