


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90308 016 ***150.00

DOCUMENT # P01000027806 1. Entity Name FINANCIAL INNOVATORS CORP.			
Principal Place of Business 3857 TURTLE RUN BLVD STE 2132 CORAL SPRINGS, FL 33067		Mailing Address 3857 TURTLE RUN BLVD STE 2132 CORAL SPRINGS, FL 33067	
2. Principal Place of Business 510 SE 18TH AVE Suite, Apt. #, etc.		3. Mailing Address 510 SE 18TH AVE Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33060		Zip 33060	
Country BROWARD		Country BROWARD	
4. FEI Number 65-1087716		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE, RONALD R 3857 TURTLE RUN BLVD STE 2132 CORAL SPRINGS, FL 33067		7. Name and Address of New Registered Agent Name ROWE RONALD R. Street Address (P.O. Box Number is Not Acceptable) 510 SE 18TH AVE City POMPANO BEACH FL Zip Code 33060	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME ROWE, RONALD R	TITLE Change	NAME ROWE, RONALD R.
STREET ADDRESS 3857 TURTLE RUN BLVD STE 2132	CITY-ST-ZIP CORAL SPRINGS, FL 33067	STREET ADDRESS 510 SE 18TH AVE	CITY-ST-ZIP POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Ronald R. Rowe</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3/8/04</u> <u>954-448-3914</u> Date Daytime Phone #	