2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: Ve

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P01000108432** 04-29-2005 90271 041 ***150.00 FLORIDA INVESTMENT ADVISORY SERVICES, INC. Principal Place of Business Mailing Address **401 WEST LINTON 401 WEST LINTON** - 1010360 **STE 300** STE 300 DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 51-0453178 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BROWN, KENNETH** Street Address (P.O. Box Number is Not Acceptable) 401 W LINTON BLVD **STE 300** DELRAY BEACH, FL 33444 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete D FORKEY, RUSSELL L ☐ Change 🔀 Addition TITLE TITLE Meisty Brown NAME 401 W LINESN BLVD STE 300 STREET ADDRESS STREET ADDRESS Delray Beach CITY-ST-ZIP DELRAY BÉACH, FL 33444 CITY-ST-ZIP ☐ Delete TITLE ■ Addition BROWN, KENNETH NAME NAME 401 W LINTON BLVD STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL. 33444 CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

561-393-6900