

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112192

Entity Name: UTILITY ADVISORS INC.

FILED
Apr 05, 2009
Secretary of State

Current Principal Place of Business:

17853 MONTE VISTA DRIVE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

17853 MONTE VISTA DRIVE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-1157304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOXMAN, ALAN J ESQ.
125 CRAWFORD BLVD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

FOXMAN, ALAN J ESQ.
2300 NW CORPORATE DRIVE
SUITE 141
BOCA RATON, FL 33431 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:

04/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: SCHNALL, MARIE
Address: 17853 MONTE VISTA DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: PCT () Delete
Name: SCHNALL, ALAN
Address: 17853 MONTE VISTA DRIVE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALAN SCHNALL

PRES

04/05/2009

Electronic Signature of Signing Officer or Director

Date