

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115623

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** LYNDA'S FINANCIAL ADVISORY SERVICES, INC.

**Current Principal Place of Business:**

327 ARABIAN ROAD  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

327 ARABIAN ROAD  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 90-0008131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUSHNER, MANUEL  
KAYE SCHOLER, LLP  
777 S. FLAGLER DRIVE, WEST TOWER, STE 900  
WEST PALM BEACH, FL 33401 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FOSTER, LYNDA  
Address: 327 ARABIAN ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: TD  
Name: FOSTER, KATHRYN K  
Address: 327 ARABIAN ROAD  
City-St-Zip: PALM BEACH, FL 33480

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: LYNDA FOSTER

PD

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date