


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90140 021 \*\*\*150.00

<b>DOCUMENT # P01000121892</b> 1. Entity Name <b>HNW FINANCIAL ADVISORS, INC.</b>																											
Principal Place of Business <b>835 CYPRESS VILLAGE BLVD.</b> <b>SUN CITY CENTER, FL 33573 US</b>		Mailing Address <b>835 CYPRESS VILLAGE BLVD.</b> <b>SUN CITY CENTER, FL 33573 US</b>																									
2. Principal Place of Business <b>4846 Sun City Center Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>4846 Sun City Center Blvd</b> Suite, Apt. #, etc.																									
City & State <b>Sun City Center, FL</b> Zip <b>33573</b> Country <b>USA</b>		City & State <b>Sun City Center, FL</b> Zip <b>33573</b> Country <b>USA</b>																									
4. FEI Number <b>80-0007371</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>PICCIONE, MICHAEL</b> <b>835 CYPRESS VILLAGE DR</b> <b>SUN CITY CENTER, FL 33573</b>		7. Name and Address of New Registered Agent Name <b>PICCIONE, MICHAEL A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4846 Sun City Center Blvd</b> City <b>Sun City Center</b> <b>FL</b> Zip Code <b>33573</b>																									
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: <u>Michael A. Piccione</u> <u>Michael A. Piccione</u> <u>3/7/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>D</b> <input checked="" type="checkbox"/> Delete  <b>PICCIONE, MICHAEL</b>  <b>835 CYPRESS VILLAGE DR</b>  <b>SUN CITY CENTER, FL 33573</b> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>PICCIONE, MICHAEL</b> <b>835 CYPRESS VILLAGE DR</b> <b>SUN CITY CENTER, FL 33573</b>											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>PICCIONE, MICHAEL A.</b>  <b>4846 Sun City Center Blvd</b>  <b>Sun City Center FLORIDA 33573</b> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PICCIONE, MICHAEL A.</b> <b>4846 Sun City Center Blvd</b> <b>Sun City Center FLORIDA 33573</b>										
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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. <b>SIGNATURE: Michael A. Piccione</b> <b>Michael A. Piccione</b> <b>3/7/2005</b> <b>(813) 404-1400</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											