

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90112 047 ***150.00

DOCUMENT # P03000017850			
1. Entity Name THOMAS ADVISORS CORPORATION			
Principal Place of Business 111 SE 12 STREET FORT LAUDERDALE, FL 33316-1813 US		Mailing Address 412 SE 26TH AVE FORT LAUDERDALE, FL 33301	
2. Principal Place of Business 888 E. Las Olas Blvd		3. Mailing Address	
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE		City & State	
Zip 333012239	Country BROWARD	Zip	Country
6. Name and Address of Current Registered Agent JORDAN, THOMAS F 111 SE 12 STREET FORT LAUDERDALE, FL 33316-1813		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 888 E. Las Olas Blvd # 700 City FORT LAUDERDALE FL Zip Code 33301	
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 		DATE March 27, 2006	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	JORDAN, THOMAS F	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	412 SE 26TH AVE	NAME	
STREET ADDRESS	FORT LAUDERDALE, FL 33316	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE: March 27, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	