

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90259 019 \*\*\*150.00

<b>DOCUMENT # P04000026442</b> 1. Entity Name <b>ADVISORS FINANCIAL CORPORATION</b>			
Principal Place of Business <b>4613 N UNIVERSITY DR #237 POMPANO BEACH, FL 33067 US</b>		Mailing Address <b>4613 N UNIVERSITY DR #237 POMPANO BEACH, FL 33067 US</b>	
2. Principal Place of Business <b>4613 N. University Drive Suite, Apt. #, etc. #237 City &amp; State Coral Springs, FL Zip 33067 Country USA</b>		3. Mailing Address <b>4613 N. University Drive Suite, Apt. #, etc. #237 City &amp; State Coral Springs, FL Zip 33067 Country USA</b>	
4. FEI Number <b>65-1109314</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04222006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>DOMBROW, ALLAN B 4613 N UNIVERSITY DR #237 POMPANO BEACH, FL 33067</b>		7. Name and Address of New Registered Agent Name <b>Allan B. Dombrow</b> Street Address (P.O. Box Number is Not Acceptable) <b>4613 N. University Drive #237</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33067</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DOMBROW, ALLAN B</b> <input type="checkbox"/> Delete <b>4613 N UNIVERSITY DR #237</b> <b>POMPANO BEACH, FL 33067</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D., S.T. <b>Allan B. Dombrow</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4613 N. University Drive #237</b> <b>Coral Springs, FL 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DOMBROW, ALLAN B</b> <input checked="" type="checkbox"/> Delete <b>4613 N UNIVERSITY DR #237</b> <b>POMPANO BEACH, FL 33067</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b>		<b>Allan B. Dombrow</b> <b>4/24/06</b> <b>954-777-0252</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	

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