


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90002 001 \*\*\*550.00

<b>DOCUMENT # P04000157199</b>	
1. Entity Name FINANCIAL AID ASSOCIATION, INC.	

Principal Place of Business 18830 US HWY 19 N STE 330 CLEARWATER, FL 33764 US	Mailing Address 18830 US HWY 19 N STE 330 CLEARWATER, FL 33764 US
--	--

**50026500**

2. Principal Place of Business 29267 U.S. Highway 19 N. Suite, Apt. #, etc.	3. Mailing Address 29267 U.S. Highway 19 N. Suite, Apt. #, etc.
---	---

City & State Clearwater, Florida	City & State Clearwater, Florida
Zip 33761	Country Pinellas
Zip 33761	Country Pinellas



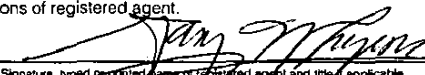
08152006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1893609	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  WILLINGHAM, WILLIAM G 18830 US HWY 19 N STE 330 CLEARWATER, FL 33764	
--	--

7. Name and Address of New Registered Agent Name Gary W. Lyons Street Address (P.O. Box Number is Not Acceptable) 311 South Missouri Avenue City Clearwater FL Zip Code 33756	
--	--

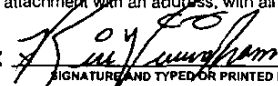
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	8/22/06 DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WILLINGHAM, WILLIAM R 18830 US HWY 19 N, STE 330 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T/D Willingham, William R. 29267 U.S. Highway 19 North Clearwater, Florida 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Lunsford, Michael 29267 U.S. Highway 19 North Clearwater, Florida 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	William Willingham, President 8/21/06 (727) 251-9425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	