2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P06000121950

Entity Name: COMMERCIAL BROKERAGE ADVISORS, INC.

Current Principal Place of Business:

189 EGLIN PKWY
STE 200
FT WALTON BEACH, FL 32548

New Principal Place of Business:

507 AMELIA STREET
FT WALTON BEACH, FL 32547

Current Mailing Address:

189 EGLIN PKWY
STE 200
FT WALTON BEACH, FL 32548

New Mailing Address:

507 AMELIA STREET
FT WALTON BEACH, FL 32547

FEI Number: 22-3943019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

GORDON, MACLEAN
621 CINCO TERRACE
FORT WALTON BEACH, FL 32547 US

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: GORDON MACLEAN 04/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCDEVITT, PAUL T
Address: 189 EGLIN PKWY - STE 200
City-St-Zip: FT WALTON BEACH, FL 32548

Title: STD ( ) Delete
Name: MACLEAN, GORDON C
Address: 189 EGLIN PKWY - STE 200
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCDEVITT, PAUL T
Address: P. O. BOX 4203
City-St-Zip: FT WALTON BEACH, FL 32549

Title: STD (X) Change ( ) Addition
Name: MACLEAN, GORDON C
Address: P. O. BOX 4203
City-St-Zip: FT WALTON BEACH, FL 32549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL T. MCDEVITT PD 04/28/2008
Electronic Signature of Signing Officer or Director Date