

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07661

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: FFP ADVISORY SERVICES, INC.

## Current Principal Place of Business:

15455 CONWAY ROAD, 2ND FL  
CHESTERFIELD, MO 63017

## New Principal Place of Business:

15455 CONWAY ROAD  
CHESTERFIELD, MO 63017

## Current Mailing Address:

15455 CONWAY ROAD, 2ND FL  
CHESTERFIELD, MO 63017

## New Mailing Address:

15455 CONWAY ROAD  
CHESTERFIELD, MO 63017

FEI Number: 43-0989354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JUNKINS, CRAIG A  
Address: 15455 CONWAY RD  
City-St-Zip: CHESTERFIELD, MO 63017

Title: S (X) Delete  
Name: ELLIOTT, KIMBERLY SHAW  
Address: 15455 CONWAY RD  
City-St-Zip: CHESTERFIELD, MO 63017

Title: CFOD (X) Delete  
Name: YOUNT, JEFFREY  
Address: 15455 CONWAY ROAD  
City-St-Zip: CHESTERFIELD, MO 63017

Title: D (X) Delete  
Name: HATTON, ROBERT  
Address: 18101 MELROSE RD  
City-St-Zip: WILDWOOD, MO 63038

Title: D (X) Delete  
Name: RODERMUND, ROBIN  
Address: 17134 SURREY VIEW DRIVE  
City-St-Zip: CHESTERFIELD, MO 63005

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HATTON, ROBERT  
Address: 15455 CONWAY RD  
City-St-Zip: CHESTERFIELD, MO 63017

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HATTON

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date