

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90314 031 \*\*\*150.00

|   |         |     |   |   |  |
|---|---------|-----|---|---|--|
| <b>DOCUMENT # P93000006544</b>  |         |     |   |  |  |
| 1. Entity Name<br>FUND ADVISOR'S OF AMERICA INC.                                      |         |     |   |   |  |
| Principal Place of Business<br>1800 PEMBROOK DR.<br>SUITE 300<br>ORLANDO, FL 32810 US |         |     | Mailing Address<br>1800 PEMBROOK DR.<br>SUITE 300<br>ORLANDO, FL 32810 US |   |  |
| 2. Principal Place of Business  |         |     | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |         |     | Suite, Apt. #, etc.   |   |  |
| City & State  |         |     | City & State  |   |  |
| Zip   | Country | Zip | Country   | 4. FEI Number<br>59-3161205   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                             |         |     |   | Applied For<br>Not Applicable   |  |

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|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent               |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |
| MCELYEA, JOHN H<br>100 E. FAITH TERRACE<br>MAITLAND, FL 32751 |  |  |  | Name   |  |  |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | City   |  |  |  |
|   |  |  |  | FL Zip Code  |  |  |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be</b><br><b>Added to Fees</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS |                     |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |  |
|----------------------------|---------------------|---------------------------------|--|---|--|---|--|
| TITLE                      | D                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | GALLOWAY, GREGORY B |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 471 DOMMERICH DR.   |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | MAITLAND, FL 32751  |                                 |  | 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 exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #