2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057830

Entity Name: SOCIAL SECURITY ADVOCATES, INC.

Apr 20, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2101 5TH AVENUE N

SAINT PETERSBURG, FL 33713 US

Current Mailing Address: New Mailing Address:

2101 5TH AVENUE N

SAINT PETERSBURG, FL 33713 US

FEI Number: 59-3203033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAROIS, CHRISTOPHER P 2101 5TH AVE N SAINT PETERSBURG, FL 33713 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:

Title:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: () Delete

MAROIS, MICHELLE Name: 2101 5TH AVENUE N Address:

VΡ

City-St-Zip: SAINT PETERSBURG, FL 33713

() Delete Name: MAROIS, CHRISTOPHER

2101 5TH AVENUE N Address: SAINT PETERSBURG, FL 33713 City-St-Zip:

Title: (X) Change () Addition

MAROIS, MICHELE Name:

2101 5TH AVENUE N Address:

City-St-Zip: SAINT PETERSBURG, FL 33713

Name: Address: City-St-Zip:

Title:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELE MAROIS **PRES** 04/20/2004