

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092844

Entity Name: 360 ADVISORS, INC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

4401 N FEDERAL HWY
SUITE 202
BOCA RATON, FL 33432 US

Current Mailing Address:

4401 N FEDERAL HWY
SUITE 202
BOCA RATON, FL 33432 US

FEI Number: 65-0543213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

4401 N FEDERAL HWY
SUITE 203
BOCA RATON, FL 33431 US

New Mailing Address:

4401 N FEDERAL HWY
SUITE 203
BOCA RATON, FL 33431 US

Name and Address of Current Registered Agent:

LANDON, JAMES C
4401 N FEDERAL HWY., SUITE 202
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

LANDON, JAMES C
4401 N FEDERAL HWY., SUITE 203
BOCA RATON, FL 33431 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: JAMES C LANDON

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LANDON, JAMES C.
Address: 4401 N FEDERAL HWY., SUITE 202
City-St-Zip: BOCA RATON, FL 33432

Title: VPD () Delete
Name: ST. JOHN, MICHAEL J.
Address: 4401 N FEDERAL HWY., SUITE 202
City-St-Zip: BOCA RATON, FL 33432

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: LANDON, JAMES C
Address: 4401 N FEDERAL HWY., SUITE 202
City-St-Zip: BOCA RATON, FL 33431

Title: PTD (X) Change () Addition
Name: ST JOHN, MICHAEL J
Address: 4401 N FEDERAL HWY., SUITE 203
City-St-Zip: BOCA RATON, FL 33431

Title: VPD () Change (X) Addition
Name: CHOLERTON, CLIVE P
Address: 4401 N F4401 N FEDERAL HWY., SUITE 203
City-St-Zip: BOCA RATON, FL 33431

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: MICHAEL J ST JOHN

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date