2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092844

Entity Name: 360 ADVISORS, INC

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4401 N FEDERAL HWY

SUITE 203

BOCA RATON, FL 33431 US

Current Mailing Address: New Mailing Address:

4401 N FEDERAL HWY SUITE 203

BOCA RATON, FL 33431 US

FEI Number: 65-0543213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LANDON, JAMES C ST JOHN, MICHAEL J 4401 NORTH FEDERAL HWY SHITE 203 4401 NORTH FEDERAL

4401 N FÉDERAL HWY., SUITE 203

BOCA RATON, FL 33431 US

4401 NORTH 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: MICHAEL J ST JOHN 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD () Delete Title: VPD (X) Change () Addition

Name: LANDON, JAMES C Name: LANDON, JAMES C

Address: 4401 N FEDERAL HWY., SUITE 202 Address: 4401 N FEDERAL HWY., SUITE 202

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

Title: PTD () Delete Title: PTSD (X) Change () Addition Name: ST JOHN, MICHAEL J ST JOHN, MICHAEL J

Address: 4401 N FEDERAL HWY., SUITE 203 Address: 273 RIDGE COURT
City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: ROCKFORD, IL 61107

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: CHOLERTON, CLIVE P Name: CHOLERTON, CLIVE P

Address: 4401 N F4401 N FEDERAL HWY., SUITE 203 Address: 4401 N FEDERAL HWY., SUITE 203

City-St-Zip: BOCA RATON, FL 33431 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 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: MICHAEL J ST JOHN P 04/25/2006