2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # P97000036235 FINANCIAL ADVISORY SERVICES OF TAMPA, INC. Malling Address Principal Place of Business 5600 MARINER ST **5600 MARINER ST** SUITE 120 SUITE 120 TAMPA, FL 33609 TAMPA, FL 33609 CR2E034 (11/05) 01232006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3459754 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TURRISI, MICHAEL J 5600 MARINER SUITE 120 TAMPA, FL 33609 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TURRISI, MICHAEL J NAME 5600 MARINER- STE 120 STREET AODRESS TAMPA, FL 33609 DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C(TY-ST-ZIP IN THIS SPACE 3)TLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the redeliver 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

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

MICHAL J. TURNIST

FILED