2008 FOR PROFIT CORPORATION

Apr 25, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P97000063146 FINANCIAL SECURITY ADVISORS, INC. Principal Place of Business Mailing Address 1 NE 1ST AVE. P O BOX 383 SUITE 401 OCALA, FL 34478 OCALA, FL 34470 02152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3456727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **NEUMAN, CURTIS W** DO NOT WRITE 1 NE 1ST AVE SUITE 401 IN THIS SPACE OCALA, FL 34470 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000922626 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 05/15/08-80055-003 150.00 10. OFFICERS AND DIRECTORS **PVST** TITLE NEUMAN, CURTIS W NAME STREET ADDRESS P.O. BOX 383 CITY-ST-ZIP **OCALA, FL 34478** TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. It hereby certify that the information supplied with this filing 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 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:

CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

352-351-9228

FILED