2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000048281

Title:

Name:

Address:

City-St-Zip:

VP,S

() Delete

LEONARD, BARBARA M

1529 HARBOUR CLUB DR

PONTE VEDRA, FL 32082

FILED Jun 27, 2007 Secretary of State

Entity Na	me: ALLEGIA	NCE FINANCIAL ADVISORS,	INC.	
Current Principal Place of Business:			New Principal Place of Business:	
	JOHNS BLUFF IVILLE, FL 322			
Current Mailing Address:			New Mailing Addres	s:
	JOHNS BLUFF IVILLE, FL 322			
FEI Number	: 59-3525847	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
3112 ST. JACKSON	D, BARBARA M JOHNS BLUFF IVILLE, FL 322 E named entity to the of Florida.	RD SOUTH 246 US	purpose of changing its registere	d office or registered agent, or both,
SIGNATUI				
		ic Signature of Registered Ag	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (X DELLA PORTA PO BOX 543 PONTE VEDRA		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DELLA PORTA	SCOE BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA M. LEONARD SEC 06/27/2007

() Change () Addition