2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P98000048281

Entity Name: ALLEGIANCE FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

3112 ST. JOHNS BLUFF RD SOUTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

3112 ST. JOHNS BLUFF RD SOUTH
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3525847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, TODD ESQ
7785 BAYMEADOWS WAY
STE 107
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

WATSON, TODD ESQ
122276 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223 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: _____ 02/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete
Name: DELLA PORTA, ALFRED C
Address: 3112 ST. JOHNS BLUFF RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: MALTESE, JOSEPH J
Address: 3112 ST. JOHNS BLUFF RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: S, T ( ) Change (X) Addition
Name: TOTON, TAMMARA A
Address: 3112 ST. JOHNS BLUFF RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

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.

SIGNATURE: ALFRED C. DELLA PORTA P, D 02/24/2009
Electronic Signature of Signing Officer or Director — Date