


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90232 030 \*\*\*150.00

<b>DOCUMENT # P98000064091</b> 1. Entity Name F.C.B. ADVISORY SERVICES, INC.					
Principal Place of Business 15600 SW 288 STREET #305 HOMESTEAD, FL 33033 US			Mailing Address 15600 SW 288 STREET #305 HOMESTEAD, FL 33033 US		
2. Principal Place of Business 75 NE 15th Street Suite, Apt. #, etc.		3. Mailing Address 75 NE 15th Street Suite, Apt. #, etc.			
City & State Homestead		City & State Homestead		4. FEI Number 59-3519514	
Zip 33030		Country USA		Zip 33030	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  FREDERICK, MICHAEL 15600 SW 288 STREET, SUITE 305 HOMESTEAD, FL 33033			7. Name and Address of New Registered Agent Name Michael Frederick Street Address (P.O. Box Number is Not Acceptable) 75 NE 15th Street City Homestead FL Zip Code 33030		
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 <u>Michael L. Frederick</u> <u>Michael L. Frederick</u> <u>1/11/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FREDERICK, MICHAEL STREET ADDRESS 15600 SW 288TH STREET STE 305 CITY-ST-ZIP HOMESTEAD, FL 33033	<input type="checkbox"/> Delete		TITLE NAME 75 NE 15th STREET STREET ADDRESS HOMESTEAD, FL 33030 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CARLSON, ROBERT STREET ADDRESS 15600 SW 288TH STREET STE 305 CITY-ST-ZIP HOMESTEAD, FL 33033	<input type="checkbox"/> Delete		TITLE NAME 75 NE 15th STREET STREET ADDRESS HOMESTEAD, FL 33030 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BRENAN, MICHAEL STREET ADDRESS 15600 SW 288 STREET, STE 305 CITY-ST-ZIP HOMESTEAD, FL 33033	<input type="checkbox"/> Delete		TITLE NAME 75 NE 15th STREET STREET ADDRESS HOMESTEAD, FL 33030 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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: <u>Michael L. Frederick</u> <u>Michael L. Frederick</u> <u>1/11/2006</u> <u>305-242-4551</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01112006 Chg-P CR2E034 (11/05)