2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000072514

1. Entity Name
SEWALL'S POINT FINANCIAL ADVISORS, INC.

40074466

Principal Place of Business	Mailing Address
3601 SE OCEAN BLVD. SUITE 005 STUART, FL 34996	3601 SE OCEAN BLVD. SUITE 005 STUART, FL 34996

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

04282005   Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1018473	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRARO, FRANK A CPA 3601 SE OCEAN BLVD. ~~SUITE 001~~ STUART, FL 34996	Name Street Address (P.O. Box Number is Not Acceptable) _Suite 005_ City **FL** Zip Code

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVTD		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FERRARO, FRANK A			NAME	
STREET ADDRESS	3601 SE OCEAN BLVD.			STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP	
TITLE	SD		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FERRARO, VIRGINIA			NAME	
STREET ADDRESS	3601 SE OCEAN BLVD.			STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   5/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #