

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90168 039 ***158.75

DOCUMENT # P98000086833 1. Entity Name ADVISORY ASSOCIATES, INC.					
Principal Place of Business 2424 N. FEDERAL HIGHWAY SUITE 105 BOCA RATON, FL 33431			Mailing Address POST OFFICE BOX 811657 BOCA RATON, FL 33481		
2. Principal Place of Business 2548 CANTERBURY DR. N. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL Zip 33407		City & State Zip		4. FEI Number 65-0870473	
Country U.S.A		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YUNGBLUTH, DONALD J 2424 N. FEDERAL HIGHWAY SUITE 105 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2548 CANTERBURY DRIVE NORTH City WEST PALM BEACH FL Zip Code 33407	
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. DONALD J. YUNGBLUTH SIGNATURE: <u><i>[Signature]</i></u> 1/9/06 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT YUNGBLUTH, DONALD J 2424 N FEDERAL HWY STE 105 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2548 CANTERBURY DRIVE NORTH WEST PALM BEACH, FL 33407	
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	
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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><i>[Signature]</i></u> 1/9/06 DATE			561 702-3371 Daytime Phone #		