2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000086833

1. Entity Name
ADVISORY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2548 CANTERBURY DR. N WEST PALM BEACH, FL 33407	POST OFFICE BOX 811657 BOCA RATON, FL 33481

DO NOT WRITE IN THIS SPACE

03052007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0870473		Not Applicable

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

6. Name and Address of Current Registered Agent

YUNGBLUTH, DONALD J
2548 CANTERBURY DR. N
WEST PALM BEACH, FL 33407

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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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS	
TITLE	PT	
NAME	YUNGBLUTH, DONALD J	
STREET ADDRESS	2548 CANTERBURY DR. N	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		
NAME		
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03/20/07-80009-005 150.00

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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: _Donald S._____   2/5/07   561·702·3381
DONALD J. YUNGBLUTH PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #