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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 21, 2003 8:00 am **Secretary of State** P98000086833 **DOCUMENT #** 01-21-2003 90174 032 ***158.75 1. Entity Name ADVISORY ASSOCIATES, INC. Principal Place of Business Mailing Address 2424 N. FEDERASL HIGHWAY POST OFFICE BOX 811657 SUITE 105 **BOCA RATON FL 33481 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0870473 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired XX Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONALD J. YUNGBLUTH GONZALEZ, MELINDA Street Address (P.O. Box Number is Not Acceptable) 2424 N. FEDERASL HIGHWAY SUITE 105 SUITE 105 **BOCA RATON FL 33431** City BOCA RATON, FL 12023 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! (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, ☐ Change ☐ Addition TITLE ☐ Delete TITLE YUNGBLUTH, DONALD J NAME NAME 2424 N FEDERAL HWY STE 105: STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP XX Delete Change Change ☐ Addition TITLE TITLE GONZALEZ, MELINDA NAME NAME STREET ADDRESS 2424 N FEDERAL HWY STE 105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 Delete' --- Change Addition TITLE TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: