2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000087427

Entity Name: FLORIDA BUSINESS ADVISORS INC.

FILED Sep 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4500 140TH AVE. N. 2401 WEST BAY DRIVE #101 SUITE 124

CLEARWATER, FL 33762 US LARGO, FL 33770 US

Current Mailing Address: New Mailing Address:

4500 140TH AVE N 2401 WEST BAY DRIVE #101 SUITE 124

#101 SUITE 124 CLEARWATER, FL 33762 LARGO, FL 33770

FEI Number: 59-3478000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAHRS, CAROLYN J
2625 KEYSTONE ROAD
SUITE ONE
KAHRS, CAROLYN J
7801 MITCHELL BLVD.
TRINITY, FL 34655 U

SUITE ONE TRINITY, FL 34655 US
TARPON SPRINGS, FL 34688 US

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.

SIGNATURE: CAROLYN J. KAHRS 09/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 WEBER, DAVID R
 Name:
 WEBER, DAVID R

 Address:
 4500 140TH AVE. N. #101
 Address:
 2401 WEST BAY DRIVE, SUITE 124

City-St-Zip: CLEARWATER, FL 33762 US City-St-Zip: LARGO, FL 33770 US

Title: V () Delete Title: V (X) Change () Addition Name: COCHRAN, CAROLYN A Name: COCHRAN, CAROLYN A

 Address:
 4500 140TH AVE. N. #101
 Address:
 7801 MITCHELL BLVD.

 City-St-Zip:
 CLEARWATER, FL 33762 US
 City-St-Zip:
 TRINITY, FL 34655 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. WEBER P 09/13/2006