## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000041408

City-St-Zip:

PLANT CITY, FL 33567

Entity Name: ADVISORS HOLDINGS, INC.

FILED May 02, 2009 Secretary of State

| Current Principal Place of Business:                   |   | New Principal Place of             | New Principal Place of Business:             |  |
|--|---|------------------------------------|--|--|
| 2604 CLUBHOUSE DI<br>PLANT CITY, FL 3356               |   |                                    |  |  |
| Current Mailing Address:                               |   | New Mailing Address                | New Mailing Address:                         |  |
| 2604 CLUBHOUSE DI<br>PLANT CITY, FL 3356               |   |                                    |  |  |
| FEI Number: 59-3577926                                 | FEI Number Applied For()  | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address o                                     | f Current Registered Agent:   | Name and Address of                | ne and Address of New Registered Agent:      |  |
| PIKE, GARY<br>2604 CLUBHOUSE DI<br>PLANT CITY, FL 3356 |   |                                    |  |  |
| The above named enti<br>in the State of Florida.       | ty submits this statement for the   | purpose of changing its registered | office or registered agent, or both,         |  |
| SIGNATURE:   |   |                                    |  |  |
| Electronic Signature of Registered Agent               |   | ent                                | Date   |  |
|  | .193(2)(b), F.S., the corporation did no<br>cing Trust Fund Contribution ( ). | ot receive the prior notice.       |  |  |
| OFFICERS AND DIRECTORS:                                |   | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: D Name: PIKE, GARY                              | ( ) Delete  | Title:<br>Name:                    | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY PIKE D 05/02/2009