2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004824

FILED Jul 11, 2006 Secretary of State

Entity Name: WATERFORD FINANCIAL SERVICES, INCORPORATED

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:		
11350 MC	CORMICK RD					
EP III, SUI	TE 400					
HUNT VAI	LLEY, MD 210	31				
Current N	lailing Addres	s:	New Mailing Addres	New Mailing Address:		
11350 MC	CORMICK RD					
EP III <u>,</u> SUI						
HUNT VAI	LLEY, MD 210	31				
FEI Number	: 52-1940966	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:		
PFAUTZ. I	PATRICIA A					
	ID OAK CIRCL	E				
VENICE, F	FL 34292 U	S				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,		
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
n accordan		3(2)(b), F.S., the corporation did no				
Election Ca	mpaign Financing	J Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	MR. ()	Delete	Title:	() Change () Addition		
Name:	PFAUTZ, DAVID	H	Name:			
Address:	197 GRAND OA	KS CIRCLE	Address:			
City-St-Zip:	VENICE, FL 34	292	City-St-Zip:			
Title:	MR. ()	Delete	Title:	() Change () Addition		
Name:	PFAUTZ, DAVID		Name:			
Address:	619 CAMERON	RIDGE CT	Address:			
City-St-Zip:	PARKTON, MD	21120	City-St-Zip:			
Title:	MR. ()	Delete	Title:	() Change () Addition		
Name:	KELLY, JAMES		Name:	() =9= ()		
Address:	,	Y BLVD STE. 100	Address:			
City-St-Zip:	BALTIMORE, N		City-St-Zip:			
Title:	MRS. ()	Delete	Title:	() Change () Addition		
Name:	PFAUTZ, PATR		Name:	· · · · · · · · · · · · · · · · · · ·		
Address:	197 GRAND OA		Address:			
City-St-Zip:	VENICE, FL 34		City-St-Zip:			
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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: _C). BROOKE PFAUTZ	PRES	07/11/2006
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