2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# K45956

Entity Name: FLYNN FINANCIAL CORP.

Current Principal Place of Business:

% DONALD F. FLYNN
927 HILLSBORO MILE
BOCA RATON, FL 33432

New Principal Place of Business:

% DONALD F. FLYNN
927 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

Current Mailing Address:

C/O FLYNN ENTERPRISES, INC
676 N MICHIGAN AVE #4000
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 65-0088668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FLYNN, DONALD F	
Address:	927 HILLSBORO MILE	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	V	( ) Delete
Name:	FLYNN, KEVIN F	
Address:	676 N. MICHIGAN AVE., #4000	
City-St-Zip:	CHICAGO, IL 60611	
Title:	V	( ) Delete
Name:	FLYNN, BRIAN J.,	
Address:	676 N. MICHIGAN AVE., #4000	
City-St-Zip:	CHICAGO, IL 60611	
Title:	V	( ) Delete
Name:	FLYNN, BEVERLY L	
Address:	927 HILLSBORO MILE	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	V/T	( ) Delete
Name:	SKIBICKI, KEITH J	
Address:	511 NORTH GRANT STREET	
City-St-Zip:	HINSDALE, IL 60514	
Title:	AT	( ) Delete
Name:	CONFORTI, AUDRA M	
Address:	15 E. SANDSTONE COURT	
City-St-Zip:	SOUTH ELGIN, IL 60177	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AUDRA M. CONFORTI AT 01/08/2004

Electronic Signature of Signing Officer or Director — Date