


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P32091
 1. Entity Name
 DAVID M. POLEN SECURITIES, INC.



Principal Place of Business Mailing Address
 2700 N. MILITARY TRAIL STE 230 2700 N. MILITARY TRAIL STE 230
 BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US



DO NOT WRITE IN THIS SPACE

02202007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 13-2984378 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOSS, STAN C
 2700 N MILITARY TRAIL
 STE 230
 BOCA RATON, FL 33431

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLEN, DAVID M.
STREET ADDRESS	2700 N MILITAR TRAIL #D230
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	COO
NAME	MOSS, STAN C
STREET ADDRESS	2700 N MILITARY TRAIL K#230
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	CFOD
NAME	MOSS, STAN C
STREET ADDRESS	2700 N MILITARY TRL K230
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/13/07-80094-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stan Moss STAN MOSS 2/20/2007 561-241-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #