


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2006 08:00 AM
Secretary of State
Phoenix
Assn.
655900

DOCUMENT # 542767 1. Entity Name BROADBAND FINANCIAL CORPORATION	
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Principal Place of Business 5111 OCEAN BLVD. SARASOTA, FL 34242	Mailing Address 5111 OCEAN BLVD. SARASOTA, FL 34242
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02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1761615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MCCURDY, JEFFREY
5111 OCEAN BLVD
SUITE F
SARASOTA, FL 34242**

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IN THIS SPACE**

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 file if applicable (NOTE: Registered Agent signature required when renaming) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERSTEIN, BARRY 5111 OCEAN BLVD STE C SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGILLICUDDY, DENNIS 5111 OCEAN BLVD STE C SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCVOY, D S 5111 OCEAN BLVD STE C SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/17/06 00040-021 150.00

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: *[Signature]* **BARRY SILVERSTEIN** **3-2-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #