2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 615699

MARTIN, SHIRA D

LUTZ, FL 33548

18916 15TH PLACE SW

Name:

Address:

City-St-Zip:

FILED Apr 23, 2007 Secretary of State

Entity Name: STANDARD BROKERAGE COMPANY					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2701 16TH TAMPA, F	IST L 336059616				
Current Mailing Address:			New Mailing Address:		
2701 16TH TAMPA, F	1 ST L 336059616				
FEI Number	: 59-1892539	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
NEWMAN 2701 16TH TAMPA, F			NEWMAN, ERIC 2701 16TH ST. TAMPA, FL 33605	US	
The above in the State	named entity s e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: ERIC NEWMAN				04/23/2007	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD (X) NEWMAN, STA 3435 BAYSHOF TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	PD () NEWMAN, ERIO 401 ROYAL PO TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () NEWMAN, ROE 3102 BEACH D TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	ST ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC NEWMAN PD 04/23/2007