2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT #697255** 07-18-2006 90084 021 ***150.00 1. Entity Name YORK HOUSE FINANCIAL SERVICES, INC. Mailing Address 40099680 Principal Place of Business 401 COOPER LANDING RD. 401 COOPER LANDING RD. C-18 C-18 CHERRY HILL, NJ 08002 CHERRY HILL, NJ 08002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State 59-2147265 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORDON, ROBIN Street Address (P.O. Box Number is Not Acceptable) 2461 NE 201 STREET N. MIAMI BEACH, FL 33180 Zip Code City FL 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 SIGNATURE. DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SAWICKI, GLENN NAME NAME 333 FREY DRIVE STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP WEXFORD, PA 15090 CITY-ST-ZIP Delete Change ☐ Addition TIT! F TITLE AGURKIS, BARBARA NAME NAME STREET ADDRESS 401 COOPER LANDING RD., C-18 STREET ADDRESS CHERRY HILL, NJ 08002 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE ALTMAN, JEFF NAME NAME STREET ADDRESS 11 GROSVENOR LODGE, 94GROSVENOR RD. STREET ADDRESS CITY-ST-ZIF LONDON UK, sw1v 3if CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 18, 2006 8:00 am