

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002016

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: AMERICAN PORTFOLIOS FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

4250 VETERANS MEMORIAL HWY  
SUITE 420 EAST  
HOLBROOK, NY 11741

**New Principal Place of Business:**

**Current Mailing Address:**

4250 VETERANS MEMORIAL HWY  
SUITE 420 EAST  
HOLBROOK, NY 11741

**New Mailing Address:**

FEI Number: 11-3018002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIFFORD, WILLIAM  
603 JEFFERSON AVENUE  
SARASOTA, FL 34237 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: CEO  
Name: DOLBER, LON T  
Address: 4250 VETERANS MEMORIAL HWY, STE 420E  
City-St-Zip: HOLBROOK, NY 11741

Title: PRES  
Name: WIRTSHAFTER, TOM  
Address: 4250 VETERANS MEMORIAL HWY, STE 420E  
City-St-Zip: HOLBROOK, NY 11741

Title: VP  
Name: BRUNO, DINO  
Address: 4250 VETERANS MEMORIAL HWY, STE 420E  
City-St-Zip: HOLBROOK, NY 11741

Title: SECY  
Name: GRAPPONE, MELISSA  
Address: 4250 VETERANS MEMORIAL HWY, STE 420E  
City-St-Zip: HOLBROOK, NY 11741

I hereby 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 all other like empowered.

SIGNATURE: LON T. DOLBER

CEO

02/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date