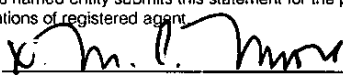
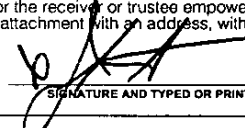


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90034 004 ***550.00

DOCUMENT # F00000002822 1. Entity Name ST IVES FINANCIAL INC.					
Principal Place of Business 1717 ARCH STREET, 31ST FLOOR PHILADELPHIA, PA 19103			Mailing Address 1717 ARCH STREET, 31ST FLOOR PHILADELPHIA, PA 19103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-2628762	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARUANA, JEANNE 13449 N.W. 42ND AVENUE MIAMI, FL 33054				Name Mark Moore Street Address (P.O. Box Number is Not Acceptable) 13449 N.W. 42nd Avenue City Miami FL Zip Code 33054	
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.				DATE 7/25/06 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD CANTONE, JOHN 1717 ARCH STREET, 31ST FLOOR PHILADELPHIA, PA 19103	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANGSTROM, WAYNE R 13449 N.W. 42ND AVE. MIAMI, FL 33054	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD LANGDALE, ANDREW 1717 ARCH STREET, 31ST FLOOR PHILADELPHIA, PA 19103	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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:  JOAN CANTONE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7/17/06 Daytime Phone # 215 563 8000					