

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006767

FILED
Apr 28, 2006
Secretary of State

Entity Name: SENIOR FINANCIAL CONSULTANTS COMPANY

Current Principal Place of Business:

3440 LEHIGH STREET
ALLENTOWN, PA 18103

New Principal Place of Business:

Current Mailing Address:

3440 LEHIGH STREET
ALLENTOWN, PA 18103

New Mailing Address:

FEI Number: 23-2500218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: LEVIT, IRVING
Address: 2565 GRACIE LONE
City-St-Zip: MACUNGIE, PA 18062

Title: PCD () Delete
Name: HUNT, WILLIAM W
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: T () Delete
Name: CLOUTIER, MARK D
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: D () Delete
Name: STANGHERLIN, DOMENIC
Address: 943 KURTZ STREET
City-St-Zip: ALLENTOWN, PA 18102

Title: D (X) Delete
Name: BAUM, JACK D
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: D () Delete
Name: ILCHUK, EMILE
Address: 1069 SEVENTH STREET
City-St-Zip: NORTH CATASQUA, PA 18032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BAGLEY, JANE M
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CLOUTIER, MARK
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARK CLOUTIER

T

04/28/2006

Electronic Signature of Signing Officer or Director

Date