


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90218 001 ***100.00
03-22-2006 90218 002 ****50.00

DOCUMENT # F01000003021					
1. Entity Name FIRST FAMILY FINANCIAL SERVICES, INC.					
Principal Place of Business 300 ST. PAUL PLACE BALTIMORE, MD 21202			Mailing Address 300 ST. PAUL PLACE BSP17D-LEGAL DEPT BALTIMORE, MD 21202		
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 52-2304606	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRECCO, FRANK J		NAME	JAMES W. SCHNEIDER	
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JAMES P		NAME		
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
TITLE	ASAT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANSDEY, K A		NAME		
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LINDA S		NAME		
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANCHANADES, WARREN B		NAME	EDWARD J. SCHNEIDER	
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	BALTIMORE, MD 21202	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, TERESA M		NAME		
STREET ADDRESS	300 ST. PAUL PLACE		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		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.					
SIGNATURE: K.A. Caneedy			Date: 3/7/06 Daytime Phone #: 410-332-3067		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66006492



01302006 Chg-P CR2E034 (11/05)