2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# F02000000218

Entity Name: FILLMORE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

230 PARK AVE. SUITE 1000
10TH FLOOR
NEW YORK, NY 10169

New Principal Place of Business:

520 WHITE PLAINS ROAD
TARRYTOWN, NY 10591

Current Mailing Address:

230 PARK AVE. SUITE 1000
10TH FLOOR
NEW YORK, NY 10169

New Mailing Address:

520 WHITE PLAINS ROAD
TARRYTOWN, NY 10591

FEI Number: 13-4126496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH, JERRY
100 GOLDEN ISLES DR., SUITE 1204
HALLANDALE, FL 33009 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: CPST ( ) Delete
Name: SPINCOLA, LAURA
Address: 230 PARK AVE. SUITE 1000
City-St-Zip: NEW YORK, NY 10169

Title: DV (X) Delete
Name: SPINCOLA, LAURA
Address: 230 PARK AVE. SUITE 1000
City-St-Zip: NEW YORK, NY 10169

Title: VP (X) Delete
Name: ANNUNZIATA, ANTHONY
Address: 230 PARK AVE. - 10TH FL.
City-St-Zip: NEW YORK, NY 10169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SPINCOLA, LAURA
Address: 230 PARK AVE. SUITE 1000
City-St-Zip: NEW YORK, NY 10169

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 Section 119.07(3)(i), 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: LAURA SPINCOLA PRES 04/29/2005

Electronic Signature of Signing Officer or Director — Date