

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000001602

1. Entity Name
STERNE AGEE CAPITAL MARKETS, INC.



Principal Place of Business
800 SHADES CREEK PKWY - SUITE 700
BIRMINGHAM, AL 35209

Mailing Address
800 SHADES CREEK PKWY - SUITE 700
BIRMINGHAM, AL 35209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D Delete
NAME HOLBROOK, JAMES S JR
STREET ADDRESS 800 SHADES CREEK PKWY - SUITE 700
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE DCEO Delete
NAME FRANKEL, CHRISTOPHER L
STREET ADDRESS 800 SHADES CREEK PKWY - SUITE 700
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE DT Delete
NAME WOODHAM, FRANKLINE
STREET ADDRESS 800 SHADES CREEK PKWY - SUITE 700
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Witt

3-9-2006

205-380-1728

Date

Daytime Phone #

**FILED
Mar 17, 2006 8:00 am
Secretary of State**

03-17-2006 90132 043 ***158.75



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