2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002266

Entity Name: BRECEK & YOUNG ADVISORS, INC.

FILED Apr 18, 2006 Secretary of State

Littly Nan	BRECEN & FOUND ADVISORS, INC.			
Current Pr	incipal Place of Business:	New Princ	New Principal Place of Business:	
1110 IRON FOLSOM, (POINT RD., #100 CA 95630	SUITE 100	1110 IRON POINT RD. SUITE 100 FOLSOM, CA 95630	
Current Mailing Address:		New Maili	New Mailing Address:	
PO BOX 61 FOLSOM, 0				
FEI Number:	68-0374007 FEI Number Applied For () FEI	Number Not Appl	mber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
	VICES, INC. CUTIVE PARK DR, SUITE 4 FL 33331 US			
The above in the State	named entity submits this statement for the purpos of Florida.	e of changing i	ts registered office or registered agent, or both,	
SIGNATURE:				
	Electronic Signature of Registered Agent		Date	
Election Cam	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete BRECEK, ROLAND 1110 IRON POINT RD., #100 FOLSOM, CA 95630	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition BRECEK, ROLAND 1110 IRON POINT RD., SUITE 100 FOLSOM, CA 95630	
Title: Name: Address: City-St-Zip:	VPS () Delete RANNEY, CHRISTOPHER J 1110 IRON POINT RD., #100 FOLSOM, CA 95630	Title: Name: Address: City-St-Zip:	VPSD (X) Change () Addition RANNEY, CHRISTOPHER J 1110 IRON POINT RD., SUITE 100 FOLSOM, CA 95630	
Title: Name: Address: City-St-Zip:	VP () Delete YOUNG, HAROLD F II 1110 IRON POINT RD., #100 FOLSOM, CA 95630	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition YOUNG, HAROLD F II 1110 IRON POINT RD., SUITE 100 FOLSOM, CA 95630	
Title: Name: Address: City-St-Zip:	CCO () Delete DELANEY, THOMAS 1110 IRON POINT ROAD, #100 FOLSOM, CA 95630	Title: Name: Address: City-St-Zip:	CCO (X) Change () Addition DELANEY, THOMAS R II 1110 IRON POINT ROAD, SUITE 100 FOLSOM, CA 95630	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	TCO () Change (X) Addition KAEHR, THOMAS R ONE SECURITY BENEFIT PLACE TOPEKA, KS 666360001	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition LEE, AMY J ONE SECURITY BENEFIT PLACE TOPEKA, KS 666360001	

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: THOMAS R. KAEHR TCFO 04/18/2006