


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90127 011 ***558.75

DOCUMENT # F04000001636		
1. Entity Name FRIEDMAN'S FINANCIAL GROUP, LLC		

Principal Place of Business 3422 OLD CAPITOL TRAIL, SUITE 700 WILMINGTON, DE 19808	Mailing Address 30 BLUE FLAX LANE LANGHORNE, PA 19047-3411
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>2708 Commerce Way</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite 300</i>
City & State	City & State <i>Philadelphia PA</i>
Zip	Zip <i>19154-1019</i>
Country	Country <i>USA</i>



07112007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3782646		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FRIEDMAN, SIMON 1890 OCEAN DRIVE 204E HALLANDALE, FL 33009		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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Simon Friedman</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<i>7/11/07</i> <small>DATE</small>

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC FRIEDMAN, LINDA 1890 OCEAN DRIVE 204E HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Linda Friedman</i> <i>7/11/07</i> <i>2154647300</i> <small>Date Daytime Phone #</small>