

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002758

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: TREBOR-DEAN FINANCIAL GROUP, LTD., INC.

## Current Principal Place of Business:

252 OPEN SQUARE WAY 4TH FLOOR, STE. 409  
HOLYOKE, MA 01040

## New Principal Place of Business:

## Current Mailing Address:

252 OPEN SQUARE WAY 4TH FLOOR, STE. 409  
HOLYOKE, MA 01040

## New Mailing Address:

FEI Number: 56-2314216      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: PDT ( ) Delete  
Name: BOYDSTON, ROBERT  
Address: 53 DALE STREET  
City-St-Zip: CHICOPEE, MA 01020

Title: VPS ( ) Delete  
Name: CANATA, ANTHONY J ESQ  
Address: 4 STEVEN DRIVE  
City-St-Zip: SOUTH HADLEY, MA 01075

Title: D ( ) Delete  
Name: DESMARAI, CHRISTOPHER  
Address: 5 MAPLEWOOD ROAD  
City-St-Zip: RIDGEFIELD, CT 06877

Title: D ( ) Delete  
Name: DESMARAI, CATHERINE  
Address: 5 MAPLEWOOD ROAD  
City-St-Zip: RIDGEFIELD, CT 06877

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: BOYDSTON, ROBERT  
Address: 4 OPEN SQUARE WAY, SUITE 112  
City-St-Zip: HOLYOKE, MA 01040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT BOYDSTON

PDT

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date