

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003604

FILED
Apr 05, 2007
Secretary of State

Entity Name: FINANCIAL NORTHEASTERN SECURITIES, INC.

Current Principal Place of Business:

100 PASSAIC AVE
FAIRFIELD, NJ 07004

New Principal Place of Business:

Current Mailing Address:

100 PASSAIC AVE
FAIRFIELD, NJ 07004

New Mailing Address:

FEI Number: 22-2642175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURRAY, KENNETH
1401 BRICKELL AVENUE, SUITE 460
MIAMI, FL 33131 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: CEO () Delete
Name: ZAGE, JEFFREY
Address: 100 PASSAIC AVE
City-St-Zip: FAIRFIELD, NJ 07004

Title: COTD () Delete
Name: ZAGE, STEVEN
Address: 100 PASSAIC AVE
City-St-Zip: FAIRFIELD, NJ 07004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: ZAGE, JEFFREY
Address: 100 PASSAIC AVE
City-St-Zip: FAIRFIELD, NJ 07004

Title: VP (X) Change () Addition
Name: ZAGE, STEVEN
Address: 100 PASSAIC AVE
City-St-Zip: FAIRFIELD, NJ 07004

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: STEVEN ZAGE

VP

04/05/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date