


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90068 008 ***158.75

DOCUMENT # F95000004928 1. Entity Name S.B.S. FINANCIAL GROUP, INC.					
Principal Place of Business 25 SYLVAN RD. S. WESTPORT, CT 06880-3613			Mailing Address 4400 N FEDERAL HIGHWAY SUITE 25 BOCA RATON, FL 33431 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 6604 HAMPTON CIRCLE Suite, Apt. #, etc.		
City & State City: Boca Raton, FL			4. FEI Number 06-1336135		
Zip 33496			Country US		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent SCHLICHER, ILENE W 4001 N OCEAN BLVD # B 604 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Schlicher, Ilene W Street Address (P.O. Box Number is Not Acceptable) 6604 Hampton Circle City Boca Raton FL Zip Code 33496		
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 <u><i>Ilene W. Schlicher</i></u> Ilene W. Schlicher, Pres. CEO <u>1/6/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SCHLICHER, ILENE W 6604 HAMPTON CIRCLE BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCHLICHER, WILLIAM J III 6604 HAMPTON CIRCLE BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUGIAZET, EDWARD A JR 351 PEMBERWICK RD - UNIT 506 GREENWICH, CT 06831	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Ilene W. Schlicher</i></u> Ilene W. Schlicher <u>1/6/04</u> <u>1-800-585-0589</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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