

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004928

Entity Name: S.B.S. FINANCIAL GROUP, INC.

FILED  
Apr 03, 2007  
Secretary of State

## Current Principal Place of Business:

25 SYLVAN RD. S.  
WESTPORT, CT 068803613

## New Principal Place of Business:

6604 HAMPTON CIRCLE  
BOCA RATON, FL 33496 US

## Current Mailing Address:

6604 HAMPTON CIR  
BOCA RATON, FL 33496 US

## New Mailing Address:

FEI Number: 06-1336135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHLICHER, ILENE W  
6604 HAMPTON CIR  
BOCA RATON, FL 33496 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: PC ( ) Delete  
Name: SCHLICHER, ILENE W  
Address: 6604 HAMPTON CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: VSTD ( ) Delete  
Name: SCHLICHER, WILLIAM J III  
Address: 6604 HAMPTON CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: VD ( ) Delete  
Name: BUGNIAZET, EDWARD A JR  
Address: 351 PEMBERWICK RD - UNIT 506  
City-St-Zip: GREENWICH, CT 06831

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ILENE W. SCHLICHER

PC

04/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date