


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2007 8:00 am**  
**Secretary of State**

08-21-2007 90006 021 \*\*\*150.00

<b>DOCUMENT # F95000006081</b> 1. Entity Name <b>FIRST ALLIED SECURITIES, INC.</b>			
Principal Place of Business <b>525 B STREET, 17TH FLOOR SAN DIEGO, CA 92101</b>		Mailing Address <b>525 B STREET, 17TH FLOOR SAN DIEGO, CA 92101</b>	
2. Principal Place of Business - No P.O. Box # <b>655 W. Broadway</b>		3. Mailing Address <b>655 W. Broadway</b>	
Suite, Apt. #, etc. <b>11th Floor</b>		Suite, Apt. #, etc. <b>11th Floor</b>	
City & State <b>San Diego CA</b>		City & State <b>San Diego CA</b>	
Zip <b>92101</b>		Zip <b>92101</b>	
Country 		Country 	
4. FEI Number <b>11-3152836</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRANSFIELD, MARK 525 B STREET, 17TH FLOOR SAN DIEGO, CA 92101 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Adam Antoniadis 655 W. Broadway, 11th Floor San Diego CA 92101 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GLASER, GREGG 1227 MALL DRIVE RICHMOND, VA 73060 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSES, ROBERT 140 BROADWAY #4605 NEW YORK, NY 10005 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	565 Fifth Avenue, 20th Floor New York NY 10017 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO O'NEAL, TIY ASST/S 525 B STREET 17TH FL SAN DIEGO, CA 92101 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	655 W. Broadway, 11th Floor <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CONDRA, SHANNON ASST/S 525 B STREET 17TH FL SAN DIEGO, FL 92101 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	655 W. Broadway, 11th Floor <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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 information empowered.			
SIGNATURE: <i>Tiy O'Neal</i>		Tiy O'Neal, COO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 8/13/07 Daytime Phone #: 619.702.9600	