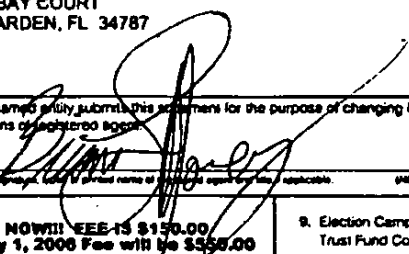
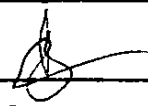


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

04-25-2006 90110 018 ***150.00

DOCUMENT # F96000003449			
1. Entity Name BROADBENT SELECTIONS, INC.			
Principal Place of Business 2088 UNION ST STE #2 SAN FRANCISCO, CA 94123 US		Mailing Address 2088 UNION ST SUITE 2 SAN FRANCISCO, CA 94123 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 94-3237787		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACIREALE, GIANI 1217 LAKEBAY COURT WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name BRIAN MOREY Street Address (P.O. Box Number is Not Acceptable) MOREYANO 13133 56TH PLACE NORTH City ROYAL PALM BEACH FL Zip Code 33411	
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 		BRIAN MOREY DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPST BROADBENT, BARTHOLOMEW 2088 UNION ST #2 SAN FRANCISCO, CA ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 like empowered.			
SIGNATURE: 		ADMINISTRATIVE DIRECTOR 1/9/06 415 292 8466	

 President 6/19/06
Signature Title Date

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000003449 1. Entity Name BROADBENT SELECTIONS, INC.				ATTACHMENT 66020752	
Principal Place of Business 2088 UNION ST STE #2 SAN FRANCISCO, CA 94123 US		Mailing Address 2088 UNION ST SUITE 2 SAN FRANCISCO, CA 94123 US			
2. Principal Place of Business		3. Mailing Address			
Sales, Apt. #, etc.		Sales, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 94-3237787	
5. Certificate of Status Desired ☐		6. Additional Fee Required ☐		7. Name and Address of New Registered Agent	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
ACCREALE, GIANNO 1217 LAKEWAY COURT WINTER GARDEN, FL 34787		BRIAN MOREY Street Address (P.O. Box Number is Not Acceptable) MOREY, AND 13133 56TH PLACE NORTH ROYAL PALM BEACH, FL 33411			
10. The above named entity certifies 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>Brian S. Morey</u> BRIAN MOREY <u>1/16/2006</u>					
FILE NUMBER FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		11. Election Campaign Financing a. Fund Contribution ☐ \$5.00 May be Added to Fees			
OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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SIGNATURE: <u>Kathleen Kashani</u> KATHLEEN KASHANI ADMINISTRATIVE DIRECTOR <u>1/9/06</u> 45 292 8466					