
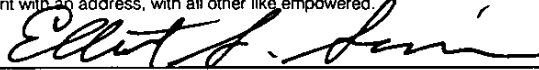


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90018 005 ***150.00

DOCUMENT # F97981 1. Entity Name SIMON FINANCIAL GROUP, INC.					
Principal Place of Business 2534 EAGLE RUN CIRCLE WESTON, FL 33327			Mailing Address POST OFFICE BOX 268750 WESTON, FL 33326		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMON, ELLIOT S. 2534 EAGLE RUN CIRCLE WESTON, FL 33327				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD SIMON, ELLIOT S.		<input type="checkbox"/> Delete		
NAME	2534 EAGLE RUN CIRCLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	WESTON, FL 33327		TITLE		
CITY - ST - ZIP			NAME		
TITLE	<input type="checkbox"/> Delete		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS	<input type="checkbox"/> Delete		TITLE		
CITY - ST - ZIP			NAME		
TITLE	<input type="checkbox"/> Delete		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS	<input type="checkbox"/> Delete		TITLE		
CITY - ST - ZIP			NAME		
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CITY - ST - ZIP			NAME		
TITLE	<input type="checkbox"/> Delete		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS	<input type="checkbox"/> Delete		TITLE		
CITY - ST - ZIP			NAME		
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: 			2/16/2006 954/888-6699		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		