


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

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| DOCUMENT # J25187 1. Entity Name CONTINENTAL ASSET MANAGEMENT, INC. |  |
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| Principal Place of Business 15 VALLEY DR. STE 300 GREENWICH, CT 06831 | Mailing Address 15 VALLEY DR. STE 300 GREENWICH, CT 06831 |
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01082007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0382825 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C KARLTON, JOHN S 15 VALLEY DR. GREENWICH, CT 06831 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPS LIPKINS, STEPHEN P 15 VALLEY DRIVE GREENWICH, CT 06831 |
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 05/08/07-80009-015 427.50

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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 reports 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 another like empowered.

SIGNATURE: [Signature] DATE: 1/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #