2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40682

Entity Name: FNB BROKERAGE SERVICES INC

FILED Apr 11, 2007 Secretary of State

| y | | one centrole, into. | | | |
|---|---|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | IARD HOAG PRADO AVENU FL 34994 U | JE JS | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | IARD HOAG PRADO AVENU FL 34994 U | JE JS | | | |
| FEI Number | : 59-2739052 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address of (| Current Registered Agent: | Name and Address | of New Registered Agent: | |
| STUART, | PRADO AVE FL 34994 l | JS submits this statement for the r | ourpose of changing its register | ed office or registered agent, or both, | |
| | e of Florida. | | san pood on emaniging ne regioner. | ou omee er regionereu agem, er zear, | |
| SIGNATU | | | | | |
| | Electror | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | D (CURTIS, C. WI 815 COLORAD STUART, FL 3 | O AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (HUDSON, DEN 815 COLORAD STUART, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (HAHL, WILLIAN 815 COLORAD STUART, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD (HOAG, LEONA 815 COLORAD STUART, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VPS (LOWERY, PET |) Delete ER J | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM R. HAHL D 04/11/2007

815 COLORADO AVE

STUART, FL

Address:

City-St-Zip: