2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45956

Entity Name: FLYNN FINANCIAL CORP.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O DONALD F. FLYNN 927 HILLSBORO MILE HILLSBORO BEACH, FL 33062 **Current Mailing Address: New Mailing Address:** C/O FLYNN ENTERPRISES, INC 676 N MICHIGAN AVE #4000 CHICAGO, IL 60611 FEI Number: 65-0088668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FLYNN, DONALD F Name: Name: 927 HILLSBORO MILE Address: Address: City-St-Zip: HILLSBORO BEACH, FL 33062 City-St-Zip: Title: Title: () Delete () Change () Addition Name: FLYNN, KEVIN F Name: 676 N. MICHIGAN AVE., #4000 Address: Address: City-St-Zip: CHICAGO, IL 60611 City-St-Zip: Title: Title: () Delete () Change () Addition FLYNN, BRIAN J Name: Name: 676 N. MICHIGAN AVE., #4000 Address: Address: City-St-Zip: CHICAGO, IL 60611 City-St-Zip: Title: () Delete Title: () Change () Addition FLYNN, BEVERLY L Name: Name: Address: 927 HILLSBORO MILE Address: City-St-Zip: HILLSBORO BEACH, FL 33062 City-St-Zip: Title: Title: () Delete () Change () Addition SKIBICKI, KEITH J Name: Name: 511 NORTH GRANT STREET Address: Address: City-St-Zip: HINSDALE, IL 60514 City-St-Zip: Title: () Delete Title: () Change () Addition CONFORTI, AUDRA M Name: Name: 15 E. SANDSTONE COURT Address: Address: City-St-Zip: City-St-Zip: SOUTH ELGIN, IL 60177

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: KEITH J. SKIBICKI V/T 01/08/2008