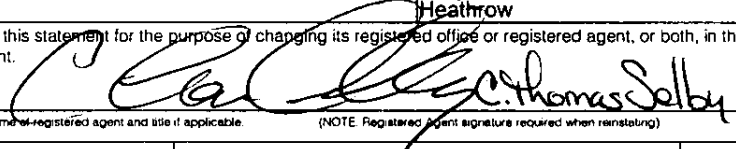
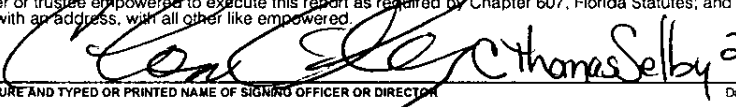


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90004 041 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # M71620 1. Entity Name FLORIDA CAPITAL SECURITIES CORPORATION | | | |  | |
| Principal Place of Business 300 INTERNATIONAL PARKWAY SUITE 130 HEATHROW, FL 32746 US | | | Mailing Address 300 INTERNATIONAL PARKWAY SUITE 130 HEATHROW, FL 32746 US | | |
| 2. Principal Place of Business 300 International Pkwy | | 3. Mailing Address 300 International Pkwy | | | |
| Suite, Apt. #, etc. Suite 300 | | Suite, Apt. #, etc. Suite 300 | | | |
| City & State Heathrow, FL. | | City & State Heathrow, FL. | | 4. FEI Number 59-2876978 | |
| Zip 32746 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY SUITE 130 HEATHROW, FL 32746 | | | 7. Name and Address of New Registered Agent Name Selby, C. Thomas Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 City Heathrow FL Zip Code 32746 | | |
| 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:  C. Thomas Selby 2/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | PDS SELBY, C THOMAS 300 INTERNATION PKY., STE 130 HEATHROW, FL 32746 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS Selby, C. Thomas 300 International Pkwy Suite 300 Heathrow, FL. 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  C. Thomas Selby 2/20/06 407-333-1604 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |