2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P01000081261 Feb 27, 2006 08:00 AM 1. Entity Name **Secretary of State** FIRST FIDELITY SECURITIES INC. Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BLVD. 1555 PALM BEACH LAKES BLVD. **SUITE 1510 SUITE 1510** WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business Suite. Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-1130289 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LESHER, GERALDO S Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD. **SUITE 1510** WEST PALM BEACH FL 33401 City 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 Signature, type-flor printed name of registered agent and title # applicable DATE (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. U00000449231 D Change ☐ Delete TITLE RITLE 03/03/06-80046-016 150.00 MAME MARKE OELBERMANN, RALPH STREET ADDRESS 1555 PALM BEACH LAKES BLVD # 1510 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Addition ☐ Change Delete TITLE TITLE HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CTTY - ST - ZIP ... Change ☐ Addition Delete TITLE IIII MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET AODRESS STREET ADDRESS CRY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it changed, or on an attachment with an address, with all other like empowered.