2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

r					- Secreta	PV Of State
DOCUMENT # P02000000267 1. Entity Name ROSENBERG FINANCIAL GROUP, INC.				Secretary of State		
Principal Place 3700 COCONU STE 140 COCONUT CREI	T CREEK PKWY	aming Address 3700 COCONUT CREEK PKWY STE 140 COCONUT CREEK, FL 33066			ST 8888 NEW BERT 8880 EE	IN BBIN BEIN BENE NERB BINK REGERN ALDEL
De	CE	04292008 4. FE) Numi 26-00	04292008 No Chg-P CRZE034 (11/05) 4. FE) Number Applied For 26-0002156 Not Applied 5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current Regis	tered Agent				
ROSENBERG, GLENN 3700 COCONUT CREEK PKWY STE 140 COCONUT CREEK, FL 33066			DO NOT WRITE IN THIS SPACE			
the obligation	arned entity submits this statement for the pass of registered agent. Granue, typed or printed name of registered agent and file		ed office or regist		oth, in the State of Fi	orida. I am familiar with, and acce
FILE NOWIII FEE IS \$150.00 S. Election Campaign Finan After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees		
10.	OFFICERS AND DIREC	CTORS	£			
NAME F STREET ADDRESS 3	PS ROSENBERG, GLENN 3700 COCONUT CREEK PKWY COCONUT CREEK, FL 3306 6				05/1 8/0 6-	1560845 180057-009 150.00
TITLE MAME STRECT ADDRESS GITY-ST-ZIP				-	NOT W	
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE
NAME			i			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIFFECTOR

4/29/06 954-544-0700

Daytime Phone #