2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000018458

1 Entity Name

FUNDAMENTAL FINANCIAL SERVICES, INC.

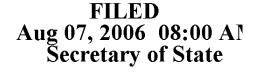


Principal Place of Business

7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772

Mailing Address

7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772





DO NOT WRITE IN THIS SPACE

07102006 No Chg-P

CR2E034 (11/05)

 FEI Number 01-0614606 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNAPP, KATHLEEN L 7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772

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	Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered Agent signature required when reinstating)		DATE	
SIGNATUR	E				
the obliq	pations of registered agent.				~
	ve named entity submits this statement for the purpose of changi	ing its registered office or registered agent, or bo	th, in the State of Florida.	I am familiar with, and ac-	cept

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS 10. DPST TITLE KNAPP, KATHLEEN L NAME STREET ADDRESS 7777 SEMINOLE BLVD, 2ND FLOOR CITY-ST-ZIP SEMINOLE, FL 33772 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

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12. Thereby 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: SIGNATURE NO TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PRESIDENT 8-406 727-394-8485