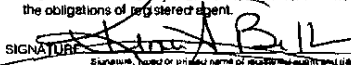
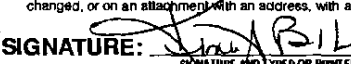


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91521 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023034		
1. Entity Name AUTUMN FINANCIAL GROUP, INC.		
Principal Place of Business 2700 NE 51 STREET FT. LAUDERDALE, FL 33308		Mailing Address 2700 NE 51 STREET FT. LAUDERDALE, FL 33308
2. Principal Place of Business 2700 NE 51 ST Suite, Apt. #, etc. #110 City & State FT Land FL Zip 33308		3. Mailing Address 2700 NE 51 ST Suite, Apt. #, etc. 110 City & State FT Land FL Zip 33308
4. FFL Number 753037636		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Address Change only
6. Name and Address of Current Registered Agent BIEDENHARN, KIMBERLY S 601 NW 77TH AVE., BLDG. 45#202 MARGATE, FL 33073		7. Name and Address of New Registered Agent Name: Kimberly S. Biedenharn Street Address (P.O. Box Number is Not Applicable) 2700 NE 51 ST #110 City: FT Land FL Zip Code: 33308
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, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agents signature required when relinquishing)		DATE: 4/24/03
9. FILE NOW WITH FEES \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D ☐ Delete NAME: BIEDENHARN, KIMBERLY S STREET ADDRESS: 601 NW 77TH AVE., BLDG. 45#202 CITY-ST-ZIP: MARGATE, FL 33073		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: PVST ☐ Delete NAME: BIEDENHARN, KIMBERLY S STREET ADDRESS: 601 NW 77TH AVE., BLDG. 45#202 CITY-ST-ZIP: MARGATE, FL 33073		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
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TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/24/03 Daytime Phone #: 954-610-8313