
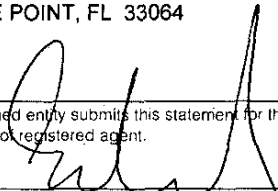
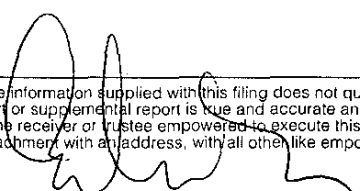


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90354 011 \*\*\*150.00

<b>DOCUMENT # P02000057216</b> 1. Entity Name <b>THE SIEDLE DIRECTORY OF SECURITIES DEALERS, INC.</b>																											
Principal Place of Business <b>2856 NE 32ND ST. LIGHTHOUSE POINT, FL 33064</b>		Mailing Address <b>2856 NE 32ND ST. LIGHTHOUSE POINT, FL 33064</b>																									
2. Principal Place of Business <b>79 ISLAND DRIVE SOUTH</b> Suite, Apt. #, etc.		3. Mailing Address <b>79 ISLAND DRIVE SOUTH</b> Suite, Apt. #, etc.																									
City & State <b>OCEAN RIDGE, FL</b> Zip <b>33435</b>		City & State <b>OCEAN RIDGE, FL</b> Zip <b>33435</b>																									
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>																									
4. FEI Number <b>55-0796167</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent <b>SIEDLE, EDWARD</b> <b>2856 NE 32ND ST.</b> <b>LIGHTHOUSE POINT, FL 33064</b>																											
7. Name and Address of New Registered Agent Name <b>SIEDLE, EDWARD (same agent, different address)</b> Street Address (P.O. Box Number is Not Applicable) <b>79 ISLAND DRIVE SOUTH</b> City <b>OCEAN RIDGE</b> <b>FL</b> Zip <b>33435</b>																											
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  DATE <b>4-12-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P</b>  <b>SIEDLE, EDWARD</b>  <b>2856 NE 32ND ST.</b>  <b>LIGHTHOUSE POINT, FL 33064</b> </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIEDLE, EDWARD</b> <b>2856 NE 32ND ST.</b> <b>LIGHTHOUSE POINT, FL 33064</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		<b>EDWARD SIEDLE, PD</b> <b>4-12-04</b> <b>(561) 733-9548</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									