

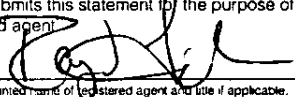
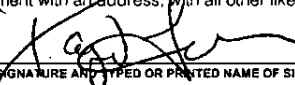


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90172 001 \*\*\*150.00

<b>DOCUMENT # P02000116639</b>																																																																																																																																			
<b>1. Entity Name</b> GUIDANCE WEALTH MANAGEMENT, INC.																																																																																																																																			
<b>Principal Place of Business</b> 2035 VALENCIA DR DELRAY BEACH, FL 33445			<b>Mailing Address</b> 2035 VALENCIA DR DELRAY BEACH, FL 33445																																																																																																																																
<b>2. Principal Place of Business</b> 815 Forsyth St Suite, Apt. #, etc.		<b>3. Mailing Address</b> 815 Forsyth St. Suite, Apt. #, etc.																																																																																																																																	
<b>City &amp; State</b> Boca Raton FL		<b>City &amp; State</b> Boca Raton, FL		<b>4. FEI Number</b> 52-2385843																																																																																																																															
<b>Zip</b> 33487		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b> FILORIMO, RAYMOND J 2035 VALENCIA DR DELRAY BEACH, FL 33445				<b>7. Name and Address of New Registered Agent</b> Name: FILORIMO, Raymond J Street Address (P.O. Box Number is Not Acceptable): 815 Forsyth St. City: Boca Raton FL Zip Code: 33487																																																																																																																															
<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.</b> SIGNATURE:  DATE: 1/10/06 <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, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D FILORIMO, RAYMOND J</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">815 Forsyth St</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FILORIMO, RAYMOND J</td> <td></td> <td>NAME</td> <td>Boca Raton FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2035 VALENCIA DR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> <td>CITY-ST-ZIP</td> <td>33487</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D FILORIMO, RAYMOND J	<input type="checkbox"/> Delete	TITLE	815 Forsyth St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FILORIMO, RAYMOND J		NAME	Boca Raton FL		STREET ADDRESS	2035 VALENCIA DR		STREET ADDRESS			CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	33487		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>12. I hereby 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.</b> SIGNATURE:  DATE: 1/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			