2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P03000002491

Entity Name: HERRIG & HERRIG FINANCIAL SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

22 SOUTH LINKS AVE.
SUITE 204
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O NFP 500 W MADISON ST
STE 2400
CHICAGO, IL 60661 US

New Mailing Address:

FEI Number: 52-2401843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PTSD	( ) Delete
Name:	HERRIG, LAWRENCE	
Address:	22 SOUTH LINKS AVE. STE. 204	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	HERRIG, LAURA M	
Address:	22 SOUTH LINKS AVE., SUITE 204	
City-St-Zip:	SARASOTA, FL 34236	
Title:	V	( ) Delete
Name:	HINKSON, MALIKA	
Address:	787 7TH AVE 11TH FLOOR	
City-St-Zip:	NEW YORK, NY 10019	
Title:	V	( ) Delete
Name:	LIESOR, LORI	
Address:	500 W. MADISON STE. 2400	
City-St-Zip:	CHICAGO, IL 60661	
Title:	D	( ) Delete
Name:	ZUCCARO, ROBERT	
Address:	787 SEVENTH AVE. 49TH FLOOR	
City-St-Zip:	NEW YORK, NY 10019	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ZUCCARO, ROBERT	
Address:	787 SEVENTH AVE. 11TH FLOOR	
City-St-Zip:	NEW YORK, NY 10019	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI M. LIESER VP 04/25/2006

Electronic Signature of Signing Officer or Director — Date