07-11-2005 90118 017 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 12, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P03000079422

1. Entity Name
SPRINGS FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
3111 N UNIVERSITY DR, STE 402 CORAL SPRINGS, FL 33065	3111 N UNIVERSITY DR, STE 402 CORAL SPRINGS, FL 33065

07072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10693 Wiles Rd	10693 Wiles Rd
Suite, Apt. #, etc.: 213	Suite, Apt. #, etc.: #213
City & State: Coral Springs, Fl.	City & State: Coral Springs, Fl.
Zip: 33076 Country: Broward	Zip: 33076 Country: Broward.

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWNSTEN, RICHARD
3111 N UNIVERSITY DR, STE 402
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 10693 Wiles Rd #213
City: Coral Springs FL Zip Code: 33076

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] 7/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. 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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO WHITNEY, STEPHEN W 3111 N UNIVERSITY DR CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10693 Wiles Rd #213 Coral Springs, Fl. 33076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BROWNSTEIN, RICHARD 3111 N UNIVERSITY DR CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10693 Wiles Rd #213 Coral Springs, Fl. 33076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director JEROME SOVER 10693 Wiles Rd #213 Coral Springs, Fl. 33076	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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)(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: [signature] 7/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/12 ar