


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 10, 2006 08:00 AM  
Secretary of State

DOCUMENT # P04000014065  
1. Entity Name  
ST.GEORGE FINANCIAL CORP.



Principal Place of Business  
4145 HEIRLOOM ROSE DR  
OVIEDO, FL 32766

Mailing Address  
4145 HEIRLOOM ROSE DR  
OVIEDO, FL 32766



02052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3783009

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ST.GEORGE, RONALD A  
4145 HEIRLOOM ROSE PL  
OVIEDO, FL 32768

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ST.GEORGE, RONALD A 4145 HEIRLOOM ROSE RD OVIEDO, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ST.GEORGE, LEONORA M 4145 HEIRLOOM ROSE RD OVIEDO, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ST.GEORGE, BRYAN T 117 KRISTA-ANN COURT WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ST.GEORGE, BRYAN T 117 KRISTA-ANN COURT WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/06-80008-001 150.00

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Ronald A. St. George 2-5-06 321-263-1905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #