2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 19, 2006
Secretary of State

DOCUMENT# P04000018517

Entity Name: BUSINESS FINANCIAL SOLUTIONS, INC.

Current Principal Place of Business:

5463 W. WATERS AVE.
SUITE 850
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5463 W. WATERS AVE.
SUITE 850
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 20-0466566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, WAYNE
5463 W. WATERS AVE.
SUITE 850
TAMPA, FL 33634 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORGAN, WAYNE
Address: 19940 TAMIAMI AVE
City-St-Zip: TAMPA, FL 33647 US

Title: VSD ( ) Delete
Name: KISER, LAURA
Address: 19046 BRUCE B DOWNS BLVD #309
City-St-Zip: TAMPA, FL 33647 US

Title: T (X) Delete
Name: MURRAY, MICHAEL
Address: 12334 WYCLIFF PLACE
City-St-Zip: TAMPA, FL 33626 US

Title: V (X) Delete
Name: STEINGRABER, DANIELLE
Address: 4620 BAY BLVD #1128
City-St-Zip: PORT RICHEY, FL 34668 US

Title: V (X) Delete
Name: STEINGRABER, MATTHEW
Address: 4620 BAY BLVD #1128
City-St-Zip: PORT RICHEY, FL 34668 US

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WAYNE MORGAN PD 06/19/2006

Electronic Signature of Signing Officer or Director — Date