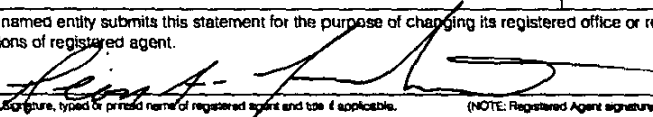
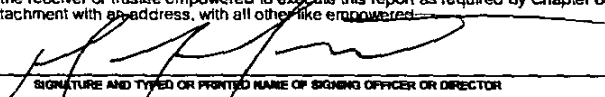


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90002 015 ***150.00

DOCUMENT # P05000027455 1. Entity Name CLIENTS TRUST CORP.					
Principal Place of Business 369 SPRUCEWOOD COURT LAKE MARY, FL 32746			Mailing Address 369 SPRUCEWOOD COURT LAKE MARY, FL 32746		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
					
02132006 Chg-P CR2E034 (11/05)					
4. FEI Number 54-2168762				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARACCHIO, DEAN A. 369 SPRUCEWOOD COURT LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  2/13/06 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARACCHIO, DEAN A 369 SPRUCEWOOD COURT LAKE MARY, FL 32746 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARACCHIO, NANCY I 369 SPRUCEWOOD COURT LAKE MARY, FL 32746 ☐ 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	
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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 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 empowerment.					
SIGNATURE:  2/13/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

60020703

#P05000027455

Mar 10 05 07:52a

Dean Faracchio

407-540-9554

P.1

LF
8/15/05

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.

OMB

OMB No. 1545-004

1 Legal name of entity (or individual) for whom the EIN is being requested CLIENTS TRUST CORP		2 Trade name of business (if different from name on line 1) 54-2168762	
3a Mailing address (room, apt., suite no. and street, or P.O. box) 369 SPENCERWOOD COURT		3b Street address (if different) (Do not enter a P.O. box.)	
4a City, state, and ZIP code LAKE MARY, Florida 32746		4b City, state, and ZIP code	
5 County and state where principal business is located Seminole, Florida			
7a Name of principal officer, general partner, grantor, owner, or trustee DEAN FARACCHIO		7b SSN, ITIN, or EIN 154-56-9966	
8a Type of entity (check only one box)			
☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent) ☐ Partnership ☐ Plan administrator (SSN) ☒ Corporation (enter form number to be filed) 1120 S ☐ Trust (SSN of grantor) ☐ Personal service corp. ☐ National Guard ☐ State/local government ☐ Church or church-controlled organization ☐ Farmers' cooperative ☐ Federal government ☐ Other nonprofit organization (specify) ☐ REMUC ☐ Indian tribal government ☐ Other (specify) ☐ Group Exemption Number (GEN)			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country	
9 Reason for applying (check only one box)			
☒ Started new business (specify type) Financial Planning ☐ Hired employee (Check the box and see line 12) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ☐ Starting purpose (specify purpose) ☐ Changed type of organization (specify new type) ☐ Purchased going business ☐ Created a trust (specify type) ☐ Created a pension plan (specify type)			
10 Date business started or acquired (month, day, year) MARCH 1, 2005		11 Closing month of accounting year December	
12 First date wages or salaries were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date first payment was made to nonresident alien. (month, day, year)			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Agriculture Household Other 2	
14 Check one box that best describes the principal activity of your business.			
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-retailer ☐ Real estate ☐ Manufacturing ☒ Finance & insurance ☐ Other (specify) ☐ Accommodation & food service ☐ Wholesale-retailer ☐ Retail			
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Real Estate - Insurance Co			
16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name SPENCERWOOD COURT, INC. Trade name SPC			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number, if known. Approximate date when filed (m, d, y) Jan 2002 City and state where filed LAKE MARY, Florida Previous EIN 591371064			
17a Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
Third Party Designee		Designee's name DEAN FARACCHIO	
Designee's address and ZIP code 369 SPENCERWOOD COURT LAKE MARY FL 32746		Designee's telephone (include area code) (407) 528-7446	
Designee's fax number (include area code) (407) 597-9554		Designee's email address (include area code) (407) 597-9554	
Designee's SSN or EIN (include area code) (407) 597-9554		Designee's signature Dean A. Faracchio	
Designee's date 3/10/05		Date 3/10/05	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-004

Form 1 SS-4 (Rev. 12-2001)

Send LF7C.