

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000016012

Entity Name: FIRST FOUNDER'S FINANCIAL, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

4890 W KENNEDY BLVD STE 220
TAMPA, FL 336091851

New Principal Place of Business:

Current Mailing Address:

4890 W KENNEDY BLVD STE 220
TAMPA, FL 336091851

New Mailing Address:

FEI Number: 83-0472285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLOWE, MCNABB & STAYTON, P.A.
1560 W CLEVELAND
TAMPA, FL 33606 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: DPST () Delete
Name: GRAHAM, MARK
Address: 4890 W KENNEDY BLVD STE 220
City-St-Zip: TAMPA, FL 336091851

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: GRAHAM, MARK F
Address: 4890 W KENNEDY BLVD STE 220
City-St-Zip: TAMPA, FL 336091851

Title: VP () Change (X) Addition
Name: GRAHAM, MARK F II
Address: 1000 W HORATION ST, #324
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify 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: MARK F GRAHAM

DPST

04/29/2008

Electronic Signature of Signing Officer or Director

Date