


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # P15932 1. Entity Name FINANCIAL SECURITY ASSURANCE INC.	
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Principal Place of Business 31 WEST 52ND STREET NEW YORK, NY 10019	Mailing Address 31 WEST 52ND STREET NEW YORK, NY 10019
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3250292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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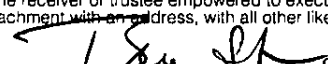
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO COCHRAN, ROBERT P 31 WEST 52ND STREET NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCO MCCARTHY, SEAN W 31 WEST 52ND STREET NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCFO SIMON, JOSPEH 31 WEST 52ND STREET NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDMG STERN, BRUCE E 31 WEST 52ND STREET NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM KIM, DENNIS H 31 WEST 52ND STREET NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO BIEILING, LAURA A 31 WEST 52ND STREET NEW YORK, NY 10019

**DO NOT WRITE
IN THIS SPACE**

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03/27/07-80024-001 158.75

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:  **Secretary, Director, Manager.** **3/2/07** **212-339-3482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #