

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023932

FILED
Feb 06, 2006
Secretary of State

Entity Name: AFFILIATED FINANCIAL CORPORATION

Current Principal Place of Business:

4651 SHERIDAN ST.
SUITE 100
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

13680 NW 5TH ST, 220
SUNRISE, FL 33325 US

Current Mailing Address:

4651 SHERIDAN ST.
SUITE 100
HOLLYWOOD, FL 33021 US

New Mailing Address:

13680 NW 5TH ST, 220
SUNRISE, FL 33325 US

FEI Number: 65-0567309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, DOUGLAS
4651 SHERIDAN STREET
SUITE 100
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

JACOBS, DOUGLAS
13680 NW 5TH ST, 220
SUNRISE, FL 33325 US

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:

02/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOBS, DOUGLAS
Address: 4651 SHERIDAN STREET #100
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: REYF, ALAN
Address: 4651 SHERIDAN STREET #100
City-St-Zip: HOLLYWOOD, FL 33021

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACOBS, DANIEL
Address: 13680 NW 5TH ST, 220
City-St-Zip: SUNRISE, FL 33325

Title: D (X) Change () Addition
Name: LEHMAN, WILLIAM
Address: 13680 NW 5TH ST, 220
City-St-Zip: SUNRISE, FL 33325

Title: PT () Change (X) Addition
Name: JACOBS, DOUGLAS J
Address: 13680 NW 5TH ST, 220
City-St-Zip: SUNRISE, FL 33325

Title: VPS () Change (X) Addition
Name: REYF, ALAN
Address: 13680 NW 5TH ST, 220
City-St-Zip: SUNRISE, FL 33325

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: DOUGLAS J JACOBS

PT

02/06/2006

Electronic Signature of Signing Officer or Director

Date