# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 23, 2005**
**Secretary of State**

DOCUMENT# P95000054367

**Entity Name:** 1ST DISCOUNT BROKERAGE, INC.

**Current Principal Place of Business:**

515 N. FLAGLER DR.
SUITE 703
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

515 N. FLAGLER DR.
SUITE 703
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number: 65-0592899** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORLEY, WILLIAM H JR
515 N. FLAGLER DRIVE
SUITE 703
WEST PALM BEACH, FL 33401 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: | PTD | ( ) Delete |
| Name: | CORLEY, WILLIAM H | |
| Address: | 515 N. FLAGLER DR. SUITE 703 | |
| City-St-Zip: | WEST PALM BEACH, FL 33401 | |
| Title: | EVPD | ( ) Delete |
| Name: | FISHER, MICHAEL R | |
| Address: | 515 N. FLAGLER DR., STE 703 | |
| City-St-Zip: | WEST PALM BEACH, FL 33401 | |
| Title: | V | (X) Delete |
| Name: | STENLUND, WILLIAM E | |
| Address: | 345 CALIFORNIA ST., STE 2650 | |
| City-St-Zip: | SAN FRANCISCO, CA 94104 | |
| Title: | V | ( ) Delete |
| Name: | SHEA, PETER | |
| Address: | 345 CALIFORNIA ST., STE 2650 | |
| City-St-Zip: | SAN FRANCISCO, CA 94104 | |
| Title: | S | ( ) Delete |
| Name: | GALLAGHER, AILEEN M | |
| Address: | 515 N. FLAGLER DR., STE 703 | |
| City-St-Zip: | WEST PALM BEACH, FL 33401 | |
| Title: | AS | ( ) Delete |
| Name: | ALEMAN, DAYLI | |
| Address: | 515 N. FLAGLER DR., STE 703 | |
| City-St-Zip: | WEST PALM BEACH, FL 33401 | |

**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: | |
| 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 Section 119.07(3)(i), 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: AILEEN GALLAGHER S 06/23/2005

Electronic Signature of Signing Officer or Director — Date