2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2007
Secretary of State

DOCUMENT# P97000031534

Entity Name: CAPITAL FINANCIAL PARTNERS, INC.

Current Principal Place of Business:

15051 SW 16 AVE
OCALA, FL 34473

New Principal Place of Business:

1980 SW 107 PLACE
OCALA, FL 34476

Current Mailing Address:

15051 SW 16 AVE
OCALA, FL 34473

New Mailing Address:

1980 SW 107TH PLACE
OCALA, FL 34476

FEI Number: 65-0766131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT-JONES, SHELLEY
15055 SW 16 AVE
OCALA, FL 34473 US

Name and Address of New Registered Agent:

SCOTT-JONES, SHELLEY
1980 SW 107TH PLACE
OCALA, FL 34476 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: _____ 05/06/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCOTT-JONES, SHELLEY
Address: 15055 SW 16 AVE
City-St-Zip: OCALA, FL 34473

Title: D ( ) Delete
Name: SCOTT-JONES, ADRIAN
Address: 15055 SW 16 AVE
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCOTT-JONES, SHELLEY
Address: 1980 SW 107 PLACE
City-St-Zip: OCALA, FL 34476

Title: D (X) Change ( ) Addition
Name: SCOTT-JONES, ADRIAN
Address: 1980 SW 107 PLACE
City-St-Zip: OCALA, FL 34476

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: SHELLEY SCOTT-JONES P 05/06/2007
Electronic Signature of Signing Officer or Director — Date