2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054779

Entity Name: BSR FINANCIAL SERVICES, INC.

FILED Feb 15, 2006 Secretary of State

Littly Nan	ie. BOK FI	IVANCIAL SERVICE	.S, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
405 NORTH REO STREET SUITE 200 TAMPA, FL 33609				405 NORTH REO STREET SUITE 165 TAMPA, FL 33609			
Current Mailing Address:				New Mailing Address:			
405 NORTH REO STREET SUITE 200 TAMPA, FL 33609				405 NORTH REO STREET SUITE 165 TAMPA, FL 33609			
FEI Number:	59-3453736	FEI Number Appli	ed For() FEI Nur	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
STEWART, NICOLINA A 405 NORTH REO STREET SUITE 200 TAMPA, FL 33609 US				STEWART, NICOLINA A 405 NORTH REO STREET SUITE 165 TAMPA, FL 33609 US			
The above in the State		ty submits this stater	ment for the purpose o	f changing it	s registered	office or registered agent, or both,	
SIGNATURE: NICOLINA A. STEWART				02/15/2006			
		onic Signature of Re				Date	
Election Cam	ipaign Financ	ing Trust Fund Contrib	oution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BAUMANN, J	REO STREET, STE 200		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	RAYMONDO	REO STREET, STE 200		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	STEWART, I	REO STREET, STE 200		Title: Name: Address: City-St-Zip:	STEWART, N	REO STREET, STE 165	

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: NICOLINA A. STEWART D 02/15/2006