2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000061976

1. Entity Name
BROKER DEALER SOLUTIONS INC.

Principal Place of Business	Mailing Address
2000 BANKS ROAD SUITE 218 MARGATE, FL 33063	2000 BANKS ROAD SUITE 218 MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0768956
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIER, BRUCE
2000 BANKS ROAD
SUITE 218
MARGATE, FL 33063

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DIER, BRUCE
STREET ADDRESS	2000 BANKS ROAD, STE 218
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VD
NAME	DIER, GARY
STREET ADDRESS	2000 BANKS RD., STE 218
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	V
NAME	SPAMPINATO, FRANK O
STREET ADDRESS	2000 BANKS ROAD, STE 218
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
04/12/06 80079-022 150.00

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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: [signature] CFO 3/27/06 954-971-4204
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #