2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061976

Entity Name: BROKER DEALER SOLUTIONS INC.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 2000 BANKS ROAD
 2000 BANKS ROAD

 SUITE 210
 SUITE 211

 MARGATE, FL 33063
 MARGATE, FL 33063

WARGATE, FL 33003

Current Mailing Address: New Mailing Address:

 2000 BANKS ROAD
 2000 BANKS ROAD

 SUITE 210
 SUITE 211

 MARGATE, FL 33063
 MARGATE, FL 33063

FEI Number: 65-0768956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DIER, BRUCE
2000 BANKS ROAD
SUITE 210
MARGATE, FL 33063 US

DIER, BRUCE
2000 BANKS ROAD
SUITE 211
MARGATE, FL 33063 US

MARGATE, FL 33063 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: BRUCE DIER 02/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

 Name:
 DIER, BRUCE
 Name:
 DIER, BRUCE

 Address:
 2000 BANKS RD ST B
 Address:
 2000 BANKS RD., SUITE 211

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 MARGATE, FL 33063

Title: VD () Delete Title: VD (X) Change () Addition

Name: DIER, GARY Name: DIER, GARY

 Address:
 2000 BANKS RD STE B
 Address:
 2000 BANKS RD., STE 211

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 MARGATE, FL 33063

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: BRUCE DIER PSTD 02/11/2009