

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103700

FILED
Jan 09, 2006
Secretary of State

Entity Name: SECOND CITY FINANCIAL GROUP, INC.

Current Principal Place of Business:

P.O. BOX 21527
TAMPA, FL 33610

New Principal Place of Business:

P.O. BOX 21527
TAMPA, FL 33622

Current Mailing Address:

P.O. BOX 21527
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-3483027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, CRAIG I
2720 W KENNEDY BLVD
TAMPA, FL 33622 US

Name and Address of New Registered Agent:

BRUCE S GOLDSTEIN, PA
500 E KENNEDY BLVD SUITE 101-A
TAMPA, FL 33602 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 S GOLDSTEIN, PA

01/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOSS, HOWARD
Address: P.O. BOX 21527
City-St-Zip: TAMPA, FL 33622

Title: D () Delete
Name: MOSS, CRAIG I
Address: P.O. BOX 21527
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CRAIG MOSS

VP

01/09/2006

Electronic Signature of Signing Officer or Director

Date