2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103891

Entity Name: A & F FINANCIAL SECURITIES INC.

FILED Feb 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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120 E 4TH AVE 352 EAST THIRD AVENUE MT DORA, FL 32757 MT DORA, FL 32757

Current Mailing Address: New Mailing Address:

120 E 4TH AVE 352 EAST THIRD AVE MT DORA, FL 32757 MT DORA, FL 32757

FEI Number: 59-3487371 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:

ARIAIL, H L 120 E 4TH AVE 352 EÁST THIRD AVE MT DORA, FL 32757 MT DORA, FL 32757 US 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: 02/06/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

ARIAIL, H L Name: Name: ARIAIL, H L 120 E 4TH AVE 352 EAST THIRD AVE Address: Address: City-St-Zip: MT DORA, FL 32757 City-St-Zip: MT DORA, FL 32757

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

FERREE, WILLIAM Name: Name: DVORZNAK, DANIEL 120 E 4TH AVE 3366 PARK AVE, SUITE 300 Address: Address: WANTAGH,, NY 11793 US MT DORA, FL 32757 City-St-Zip: City-St-Zip:

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

Name: DOLAN, JAMES S Name:

3366 PARK AVE., SUITE 300 Address: Address: City-St-Zip: City-St-Zip: WANTAGH, NY 11793 US

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: H. LESTER ARIAIL **PRES** 02/06/2007