# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2006**
**Secretary of State**

DOCUMENT# P99000011319

**Entity Name:** PAUL & PARTNERS FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

12651 MCGREGOR BLVD.
SUITE 1-101
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

12651 MCGREGOR BLVD.
SUITE 1-101
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number: 65-0893835** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PRECHEL, OLIVER
16950 TIMBERLAKES DR.
FORT MYERS, FL 33908 US

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

PRECHEL, OLIVER
12651 MCGREGOR BLVD
1-101
FORT MYERS, FL 33919 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: _____ 04/25/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete
Name: PRECHEL, OLIVER
Address: 16950 TIMBERLAKES DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: VT ( ) Delete
Name: PRECHEL, SIMONE
Address: 16950 TIMBERLAKES DRIVE
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDS (X) Change ( ) Addition
Name: PRECHEL, OLIVER
Address: 12651 MCGREGOR BLVD # 1-101
City-St-Zip: FORT MYERS, FL 33919

Title: VT (X) Change ( ) Addition
Name: PRECHEL, SIMONE
Address: 12651 MCGREGOR BLVD # 1-101
City-St-Zip: FORT MYERS, FL 33919

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: SIMONE PRECHEL VT 04/25/2006
Electronic Signature of Signing Officer or Director — Date