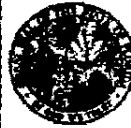


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V19695

Entity Name
**AFFILIATED BROKERS CORPORATION II OF FT.
PIERCE, FLORIDA**



Principal Place of Business
**5 SEAWAY DRIVE
FT.
PIERCE, FL 34949 US**

Mailing Address
**946 SEAWAY DRIVE
STE A
FT. PIERCE, FL 34949 US**



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0364095	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEPLAINE, DELANO
946 A SEAWAY DR
FT PIERCE, FL 34949**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. ☐ **\$5.00 May Be
Added to Fees**

**1100000395431
01/30/06-80007-021 150.00**

OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
DEPLAINE, DELANO
1923 EUCALYPTUS AVE
FORT PIERCE, FL 34949**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
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**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**DO NOT WRITE
IN THIS SPACE**

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: Delano Delaplane DELANO DELAPLAINE 1/14/06 772-465-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #