

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002266

FILED  
Mar 07, 2007  
Secretary of State

Entity Name: BRECEK & YOUNG ADVISORS, INC.

**Current Principal Place of Business:**

1110 IRON POINT RD.  
SUITE 100  
FOLSOM, CA 95630

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6180  
FOLSOM, CA 95763

**New Mailing Address:**

FEI Number: 68-0374007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR, SUITE 4  
WESTON, FL 33331 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRECEK, ROLAND  
Address: 1110 IRON POINT RD., SUITE 100  
City-St-Zip: FOLSOM, CA 95630

Title: VPSD ( ) Delete  
Name: RANNEY, CHRISTOPHER J  
Address: 1110 IRON POINT RD., SUITE 100  
City-St-Zip: FOLSOM, CA 95630

Title: VPD ( ) Delete  
Name: YOUNG, HAROLD F II  
Address: 1110 IRON POINT RD., SUITE 100  
City-St-Zip: FOLSOM, CA 95630

Title: CCO ( ) Delete  
Name: DELANEY, THOMAS R II  
Address: 1110 IRON POINT ROAD, SUITE 100  
City-St-Zip: FOLSOM, CA 95630

Title: TCO ( ) Delete  
Name: KAEHR, THOMAS R  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 666360001

Title: D ( ) Delete  
Name: LEE, AMY J  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 666360001

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS R KAEHR

TCO

03/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date