


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep. 07, 2005 08:00 AM
Secretary of State


DOCUMENT # F96000003449

1. Entity Name
BROADBENT SELECTIONS, INC.



Principal Place of Business 2088 UNION ST STE #2 SAN FRANCISCO, CA 94123 US	Mailing Address 2088 UNION ST SUITE 2 SAN FRANCISCO, CA 94123 US
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3237787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ACIREALE, GIANNI
 1217 LAKEBAY COURT
 WINTER GARDEN, FL 34787**

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8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPST BROADBENT, BARTHOLOMEW 2088 UNION ST #2 SAN FRANCISCO, CA
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 09/07/05-80018-008 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kathleen Kashani* ADMINISTRATIVE DIRECTOR **6/30/05** 415 931-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #