

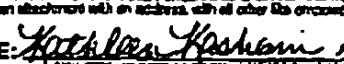


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business		3. Mailing Address	
Sales, Apt. #, etc.		Sales, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 94-3237787		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent ACIREALE, GIANNI 1217 LAKEBAY COURT WINTER GARDEN, FL 34787		8. Name and Address of New Registered Agent BRIAN MOREY Street Address (P.O. Box Number in FL Accounts) MOREY AND 13133 SIXTH PLACE NORTH City ROYAL PALM BEACH FL 33411	
9. The above named agent 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, the named agent.			
SIGNATURE 		BRIAN MOREY 1/16/2006	
FILE NUMBER FEE IS \$120.00 After May 1, 2006 Fee will be \$350.00		10. Election Campaign Financing Yes Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST BROADBENT, BARTHOLOMEW 2088 UNION ST #2 SAN FRANCISCO, CA	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12. I hereby certify that the information reported with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included 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 appointed to administer this report as required by Chapter 507, 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 the corporation.			
SIGNATURE: 		ADMINISTRATIVE DIRECTOR 1/9/06 415 292 8466	

ATTACHMENT

66020752




 Signature

President 6/17/06
 Title Date