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Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90222 037 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000034843	
1. Entity Name ROBERT A. FEDORCHUK FINANCIAL & INSURANCE SERVICES, INC.	

Principal Place of Business 730 N. PENINSULA DRIVE DAYTONA BEACH, FL 32118-3831	Mailing Address PO BOX 2353 DAYTONA BEACH, FL 32115-2353
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40084138



2. Principal Place of Business - No P.O. Box # 2481 Valley Drive	3. Mailing Address 2481 Valley Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04032007 Chg-P CR2E034 (12/06)

City & State Hermosa Beach, CA	City & State Hermosa Beach, CA	4. FEI Number 59-3278671	Applied For Not Applicable
Zip: 90254	Country U.S.A.	Zip 90254	Country U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FEDORCHUK, ROBERT A 730 N. PENINSULA DRIVE DAYTONA BEACH, FL 32118-3831		7. Name and Address of New Registered Agent Name James C. Hinckley, Esq. Street Address (P.O. Box Number Is Not Acceptable) 109 East Church Street, Fifth Floor City Orlando FL Zip Code 32802	
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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 James C. Hinckley **James C. Hinckley** 4/17/07
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	PVST ROBERT A FEDORCHUK <input checked="" type="checkbox"/> Delete 730 N. PENINSULA DRIVE DAYTONA BCH, FL
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mary Anne Fedorchuk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2481 Valley Drive Hermosa Beach, CA 90254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Denise Alison Fedorchuk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2481 Valley Drive Hermosa Beach, CA 90254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Deborah Ann Fedorchuk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 185 Henry Street San Francisco, CA 94114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Christopher S. Parsons <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 185 Henry Street San Francisco, CA 94114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah Fedorchuk Deborah Fedorchuk 4/24/2007 (415) 863-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR