



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 144253		2. Name of Corporation Brant Hickey & Associates, Inc.			
3. Street Address Principal Business Office 1810 MT. NEBO ROAD			City SEWICKLEY	State PA	Zip 15143
4. Business Phone No. 412-356-1001		5. State of Incorporation PENNSYLVANIA			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF STRUCTURED SETTLEMENTS					

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7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GARY L. BRANT			Vice President Name DAVID J. HICKEY		
Street Address 1810 MOUNT NEBO ROAD			Street Address 1810 MOUNT NEBO ROAD		
City SEWICKLEY	State PA	Zip 15143	City SEWICKLEY	State PA	Zip 15143
Secretary Name DAVID J. HICKEY			Treasurer Name DAVID J. HICKEY		
Street Address 1810 MOUNT NEBO ROAD			Street Address 1810 MOUNT NEBO ROAD		
City SEWICKLEY	State PA	Zip 15143	City SEWICKLEY	State PA	Zip 15143

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GARY L. BRANT			Director Name DAVID J. HICKEY		
Street Address 1810 MOUNT NEBO ROAD			Street Address 1810 MOUNT NEBO ROAD		
City SEWICKLEY	State PA	Zip 15143	City SEWICKLEY	State PA	Zip 15143
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM	\$1.00 PAR VALUE	500	COMMON	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



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File Date NOV 07 2005

Check No. 10-7316

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 5/17/06
Signature of Officer Date

DAVID J. HICKEY
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer