2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# P04000017481

Entity Name: MORTGAGE PLANNING, INC.

Current Principal Place of Business:

2994 BERNICE DR.
JACKSONVILLE, FL 32257

New Principal Place of Business:

9116 CYPRESS GREEN DRIVE
JACKSONVILLE, FL 32256

Current Mailing Address:

2994 BERNICE DR.
JACKSONVILLE, FL 32257

New Mailing Address:

9116 CYPRESS GREEN DRIVE
JACKSONVILLE, FL 32256

FEI Number: 59-3107111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, WILLIAM A
2994 BERNICE DR.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

LEVINE, WILLIAM A
9116 CYPRESS GREEN DRIVE
JACKSONVILLE, FL 32256 US

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: WILLIAM A LEVINE 04/03/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEVINE, WILLIAM A
Address: 2994 BERNICE DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: V ( ) Delete
Name: LEVINE, STEPHANY L
Address: 2994 BERNICE DR.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEVINE, WILLIAM A
Address: 9116 CYPRESS GREEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Change ( ) Addition
Name: LEVINE, STEPHANY L
Address: 9116 CYPRESS GREEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

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: WILLIAM A LEVINE P 04/03/2006
Electronic Signature of Signing Officer or Director Date