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Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90171 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 539578

1. Entity Name
FINANCIAL PLANNING SERVICES, INC.

Principal Place of Business	Mailing Address
C/O NEIL D SCHWARTZ 7283 SARIMENTO PLACE BOCA RATON, FL 33486 US	C/O NEIL D. SCHWARTZ P.O. BOX 810426 BOCA RATON, FL 33481-0426 US

04012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13258 SOLANA BEACH COVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL.	City & State:
Zip: 33446 Country: US	Zip: Country:

4. FEI Number: 59-1754322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, NEIL D.
7283 SARIMENTO PLACE
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: NEIL D. SCHWARTZ
Street Address (P.O. Box Number is Not Acceptable): 13258 SOLANA BEACH COVE
City: DELRAY BEACH FL Zip Code: 33446

New Address

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: NEIL D. SCHWARTZ [signature] 3/31/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SCHWARTZ, NEIL D. 7283 SARIMENTO PLACE DELRAY BEACH, FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SCHWARTZ, NEIL D. 13258 SOLANA BEACH COVE DELRAY BEACH, FL 33446 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: NEIL D. SCHWARTZ, PRES [signature] 3/31/07 (561)620-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #