2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # 840917 1. Entity Name RESOURCES PLANNING CORPORATION							90040 01 / ***15	0.00	
Principal Place of Business 625 N. FLAGLER DR. #600 WEST PALM BEACH, FL 33401 US ACCOUNTING DEPARTME P.O. BOX 290 PAWLEYS ISLAND, SC 29					40		AND 111 1116 AND 1841 IN		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3. Mailing Address						<u> </u>			
Suite, Apt. #, etc. Suite, Apt. #, etc.					05012007	Chg-P	CR2E034 (12/06)		
City & State Caton F1 City & State			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number Applied For 38-1953238 Not Applicable					
Žip 33'	128 Country SA	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
VAN TREESE, JEFFREY W 1655 PALM BEACH LAKES SUITE 10106 WEST PALM BEACH, FL 33401				Street Address (P.O. Box Number is Not Accepteble)					
				Suite 209 A					
C				2	3000 Ration FL 233428				
8. The above named antity 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 register advantagent.									
SIGNATURE Signature, typed or directed name of registered figure and label explicable). Update Registered figure and label explicable). Update Registered figure and label explicable of the signature required when reinstalling). DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND (11.	· 	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS	PDT KIDSTON, ALLAN L Sec 1 055 PALM BEACH LAKES BLVE		NAME STREET ADDRE				7, 50H- 20	Addition	
CITY-ST-ZIP	WEST PALM BEACH, PL 93401		CITY-ST-ZIP	130	ca Kato	- FI	33428		
TITLE NAME STREET ADDRESS	VS VAN TREESE, JEFFERY 1655 PALM BEACH LAKES BLVE	Delete	TITLE NAME STREET ADDRE	3			Ø.Change Ø7.50,4, 20	□ Addition	
CITY-SI-ZIP WEST PALM BEACH, FL 33401			CITY-ST-ZIP	<u>" 13</u>	ora, Ra	ton, Fl	33478		
TITLE NAME	VP RYAN, ARTHUR	Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1655 PALM BEACH LAKES BLVI WEST PALM BEACH, FL 33401)., SUITE 1010-C	STREET ADDRE	ss					
TITLE NAME	AS DUMONT, CLARE KINGS RIVER RD, POB 290	☐ Delete	TITLE NAME STREET ADDRE	cc			Change	Addition	
STREET ADDRESS CITY+ST-ZIP	PAWLEYS ISLAND, SC 29585		CITY-ST-ZIP	~					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRINKLEY, DARLENE 1655 PALM BVH LKS BLVD, STE WEST PALM BEACH, FL 33401	1010-C	TITLE NAME STREET ADDRE	ss			☐ Change	☐ Addition	
NAME STREET ADDRESS		□ Oelete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Change	☐ Addition	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify fo	r the exemption	ns contained	d in Chapter 119.	Florida Statutes. I	further certify that the i	nformation	
	on this report or supplemental report is	· · · · · · · · · · · · · · · · · · ·		all have a the	sama land offant	an if made mader.	anth, that I am an office	. a. diraata.	

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. 4. 27-07 561-482 -3212 Date Deyting Proces

SIGNATURE: