2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F02000000825

Entity Name: ESTATE PLANNING ADVISORS, INC.

Current Principal Place of Business:

1717 INDIAN RIVER BLVD., SUITE 301B
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

C/O NFP, 500 W MADISON
SUITE 2400
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 22-3280058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PTSD	( ) Delete
Name:	HECKMAN, TODD	
Address:	1717 INDIAN RIVER BLVD.	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	V	( ) Delete
Name:	LIESER, LORI M	
Address:	500 W MADISON STREET STE 2400	
City-St-Zip:	CHICAGO, IL 60661	
Title:	VD	( ) Delete
Name:	HECKMAN, THERESA	
Address:	1717 INDIAN RIVER BLVD.	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	V	( ) Delete
Name:	HINKSON, MALIKA	
Address:	787 7TH AVE, 11TH FLOOR	
City-St-Zip:	NEW YORK, NY 10019	
Title:	D	( ) Delete
Name:	ZUCCARO, ROBERT	
Address:	787 7TH AVE, 11TH FLOOR	
City-St-Zip:	NEW YORK, NY 10019	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	HINKSON, MALIKA	
Address:	340 MADISON AVENUE, 19TH FLOOR	
City-St-Zip:	NEW YORK, NY 10173	
Title:	D	(X) Change ( ) Addition
Name:	SCHNEIDER, BRETT	
Address:	340 MADISON AVENUE, 19TH FLOOR	
City-St-Zip:	NEW YORK, NY 10173	

I hereby certify that the information supplied with this filing does not qualify 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: LORI M. LIESER V 04/13/2009

Electronic Signature of Signing Officer or Director — Date