

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000134

FILED
Jan 04, 2006
Secretary of State

Entity Name: NICHOLAS & CO. MORTGAGE PLANNING SOLUTIONS

Current Principal Place of Business:

3017 WANUT RIDGE DRIVE
ANN ARBOR, MI 48103

New Principal Place of Business:

3017 WANUT RIDGE DRIVE
ANN ARBOR, MI 48103 US

Current Mailing Address:

3017 WANUT RIDGE DRIVE
ANN ARBOR, MI 48103

New Mailing Address:

3017 WANUT RIDGE DRIVE
ANN ARBOR, MI 48103 US

FEI Number: 38-3542610

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: C () Delete
Name: NICHOLAS, GABRIEL
Address: 3017 WALNUT RIDGE DRIVE
City-St-Zip: ANN ARBOR, MI 48103

Title: PVPS () Delete
Name: NICHOLAS, GIBRAN
Address: 3017 WALNUT RIDGE DRIVE
City-St-Zip: ANN ARBOR, MI 48103

Title: VP () Delete
Name: NICHOLAS, JOSEPHINE
Address: 3017 WALNUT RIDGE DRIVE
City-St-Zip: ANN ARBOR, MI 48103

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:

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: GIBRAN NICHOLAS

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01/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date