


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

|  |  |                            |  |  |  |
|--|--|----------------------------|--|--|--|
| <b>DOCUMENT # F12202</b><br>1. Entity Name<br><b>BUSINESS PLANNING ASSOCIATES, INC.</b>  |  |                            |  |  |  |
| Principal Place of Business<br><b>5 PALM POINT DRIVE<br/>C/O FRED LANDRUM<br/>JUPITER FL 33458</b>   |  |                            | Mailing Address<br><b>5 PALM POINT DRIVE<br/>C/O FRED LANDRUM<br/>JUPITER FL 33458</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |                            | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State   |  |                            | City & State   |  |  |
| Zip  |  | Country                    |  | 4. FEI Number <b>59-2055090</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | Applied For<br>Not Applied |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>LANDRUM, FRED<br/>5 PALM POINT DRIVE<br/>JUPITER FL 33458</b>  |  |                            |  |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span>  |  |                            |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>   |  |                            |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing <b>\$5.00</b> May<br/>         Trust Fund Contribution. <input type="checkbox"/> Added to Fee       </div> </div> |  |                            |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DST<br/>LANDRUM, ADRIENNE<br/>5 PALM POINT DRIVE<br/>JUPITER, FLORIDA 00000</b> <input type="checkbox"/> Delete |                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DP<br/>LANDRUM, FRED<br/>5 PALM POINT DRIVE<br/>JUPITER, FLORIDA 00000</b> <input type="checkbox"/> Delete      |                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add                       |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Adrienne Landrum **Adrienne Landrum** **3/7/06** **(772) 546-76**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR