


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90012 030 ***150.00

DOCUMENT # F30951	
1. Entity Name NATIONAL FINANCIAL PLANNING SERVICES, INC.	

Principal Place of Business 201 ALHAMBRA CIR. SUITE 510 CORAL GABLES, FL 33134 US	Mailing Address 9501 SW 61 CT PINECREST, FL 33156 US
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2. Principal Place of Business - No P.O. Box # 9501 SW 61 CT	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pinecrest FL	City & State
Zip 33156	Country USA



03202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2614923	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OLIVER, ROBERT M., III 9501 SW 61 CT PINECREST, FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Robert M Oliver III ROBERT M OLIVER III 3/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED OLIVER, ROBERT M III 9501 SW 61CT PINECREST, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert M Oliver III ROBERT M OLIVER III 3/20/07 305 661 9501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #