

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F80624

FILED
Apr 20, 2007
Secretary of State

Entity Name: COMPUTER INFORMATION & PLANNING, INC.

Current Principal Place of Business:

12443 SAN JOSE BLVD.
SUITE 804
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 600515
JACKSONVILLE, FL 32260 US

New Mailing Address:

FEI Number: 59-2192243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTANNA, ERCIDES
P.O. BOX 600515
JACKSONVILLE, FL 32260 US

Name and Address of New Registered Agent:

SANTANNA, ERCIDES
12443 SAN JOSE BLVD.
SUITE 804
JACKSONVILLE, FL 32223 US

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: ERCIDES SANTANNA

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTANNA, ERCIDES
Address: P.O. BOX 600515
City-St-Zip: JACKSONVILLE, FL 32260

Title: V () Delete
Name: REYES, JR., EDISON
Address: 3027 MARBON ESTATES LN S
City-St-Zip: JACKSONVILLE, FL 32223

Title: V (X) Delete
Name: KOCERKA, WLADMIR
Address: 641 BOX BRANCH CIR
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V,TS (X) Change () Addition
Name: SANT'ANNA, ELIANE
Address: P.O. BOX 600094
City-St-Zip: JACKSONVILLE, FL 32260

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: ELIANE SANT'ANNA

V

04/20/2007

Electronic Signature of Signing Officer or Director

Date