

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90308 046 ***150.00

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DOCUMENT # J30260 1. Entity Name PENSION PLAN PROFESSIONALS, INC.					
Principal Place of Business 101 CENTURY 21 DR. SUITE 202 JACKSONVILLE, FL 32216 US			Mailing Address C/O LEBOEUF, LAMB, GREENE, & MACRAE 50 N LAURA ST., SUITE 2800 JACKSONVILLE, FL 32202 US		
2. Principal Place of Business 11555 Central Parkway		3. Mailing Address 11555 Central Parkway		02172006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. Suite 1004		Suite, Apt. #, etc. Suite 1004			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32224	Country USA	Zip 32224	Country USA		
4. FEI Number 59-2720707				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SMITH, DALE F. 101 CENTURY 21 DR. SUITE 202 JACKSONVILLE, FL 32216	
7. Name and Address of New Registered Agent Name Smith, Dale F.					
Street Address (P.O. Box Number is Not Acceptable) 11555 Central Parkway, Suite 1004					
City Jacksonville				FL Zip Code 32224	
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: Dale F. Smith				DATE: 4/10/06	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, DALE F. <input type="checkbox"/> Delete 101 CENTURY 21 DR., SUITE 202 JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11555 Central Parkway, Suite 1004 JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, SHARON L <input type="checkbox"/> Delete 101 CENTURY 21 DRIVE SUITE 202 JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11555 Central Parkway, Suite 1004 JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARROLL, JOANN <input type="checkbox"/> Delete 101 CENTURY 21 DR., SUITE 202 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11555 Central Parkway, Suite 1004 JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Dale F. Smith				DATE: 4/10/06 Daytime Phone #: 904-727-7539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					