

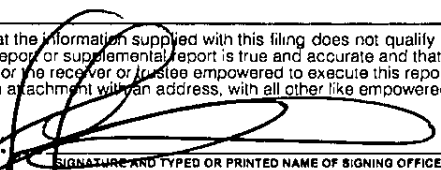


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J37988</b> 1. Entity Name INVESTMENTS BY PLANNERS, INC.			
Principal Place of Business 2500 N. MILITARY TRAIL, SUITE 285 BOCA RATON, FL 33431		Mailing Address 2500 N. MILITARY TRAIL, SUITE 285 BOCA RATON, FL 33431	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 02212007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2726455	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SAGINOR, GARY 2500 N. MILITARY TRAIL SUITE 285 BOCA RATON, FL 33431		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAGINOR, GARY 2500 N. MILITARY TRAIL #285 BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAGINOR, CLIFFORD 2500 N. MILITARY TRAIL BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
000000720049 05/01/07-80090-002 150.00			
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: 		Gary Saginor President 4/18/07 561-998-0909	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	