2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55771

Entity Name: CENTER FOR FINANCIAL PLANNING, INC.

FILED Jun 08, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

4502 HIGHWAY 20 E

SUITE B

NICEVILLE, FL 32578 US

Current Mailing Address: New Mailing Address:

4502 HIGHWAY 20 E SUITE B

NICEVILLE, FL 32578 US

FEI Number: 59-2762931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARUCCI, MICHAEL J. (PRESIDENT) 4502 E HWY 20 E., SUITE B

4502 E HWY 20 E., SUITE B NICEVILLE, FL 32578 DOWDEN, DAVID P 4502 E HWY 20 E., SUITE B NICEVILLE, FL 32578

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: DAVID P. DOWDEN 06/08/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete

 Name:
 CARUCCI, MICHAEL J.,

 Address:
 269 OLDE POST ROAD

City-St-Zip: NICEVILLE, FL 32578 OK

Title: () Delete Name: Address:

City-St-Zip:

Title: () Delete Name:

Address: City-St-Zip: Title: DIR (X) Change () Addition

Name: DOWDEN, DAVID P Address: 2823 GERONIMO DR. City-St-Zip: CRESTVIEW, FL 32539 US

Title: DIR () Change (X) Addition

Name: HERNDON, DANIEL T Address: 1753 OSPREY COVE City-St-Zip: NICEVILLE, FL 32578 US

Title: DIR () Change (X) Addition

Name: HARRIS, MICHAEL A
Address: 36 MEMORIAL PKWY NW
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID P. DOWDEN DIR 06/08/2004