2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005257

FILED Feb 09, 2006 Secretary of State

Entity Name: PROFESSIONAL PLANNERS MARKETING GROUP, LLC

New Principal Place of Business: Current Principal Place of Business: 636 US HIGHWAY ONE SUITE 205 NORTH PALM BEACH, FL 33408 **New Mailing Address: Current Mailing Address:** PO BOX 14457 NORTH PALM BEACH, FL 334080457 FEI Number: 65-1005744 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: LAMPERT, ANTHONY E 636 US HWY ONE SUITE 205 NORTH PALM BEACH, FL 33408 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LAMPERT, ARNOLD L CLU Name: Name: Address: 636 U.S. HWY ONE, SUITE 205 Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LAMPERT, ANTHONY E Name: Address: 636 U.S. HWY ONE, SUITE 205 Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ALLIANZ LIFE INSURAN, CE Name: Name: Address: 5701 GOLDEN HILLS DR Address: City-St-Zip: MINNEAPOLIS, MN 55416 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARNOLD L. LAMPERT CEO 02/09/2006