

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L42067

1. Entity Name
FUTURE PLANNING GROUP, INC.



Principal Place of Business
1501 SW 15 ST
BOCA RATON, FL 33486-6532

Mailing Address
1501 SW 15 ST
BOCA RATON, FL 33486-6532



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0166093

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAHON, TIMOTHY K.
2929 E COMMERCIAL BLVD
PENTHOUSE "E"
FT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

1000000535238

05/08/06-80045-010 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PALACIO, FELIPE M.
STREET ADDRESS 1501 SW 15 ST
CITY - ST - ZIP BOCA RATON, FL

TITLE SD
NAME PALACIO, MARIA E.
STREET ADDRESS 1501 SW 15 ST
CITY - ST - ZIP BOCA RATON, FL

TITLE TD
NAME METZGER, PATRICIA
STREET ADDRESS 2102 NW 5TH AVE
CITY - ST - ZIP BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 04/15/06 (561) 368-4197

Daytime Phone #