


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L67363 1. Entity Name EDWARD A. GREENE PROFESSIONAL PLANNING CORPORATION	
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Principal Place of Business 3 DOMINICA DRIVE ENGLEWOOD, FL 34223	Mailing Address 3 DOMINICA DRIVE ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE




01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0187538	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENE, EDWARD A. 3 DOMINICA DRIVE ENGLEWOOD, FL 34223

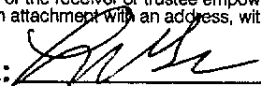
**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

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	UN00000381158 01/11/06-80041-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, EDWARD A. 3 DOMINICA DRIVE ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREENE, LOIS M 3 DOMINICA DRIVE ENGLEWOOD, FL
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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:  (LOIS M. GREENE, SECRETARY) 1/4/06 (941) 475-9231 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #