2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67363

FILED Jan 06, 2009 Secretary of State

Entity Name: EDWARD A. GREENE PROFESSIONAL PLANNING CORPORATION

Current Principal Place of Business: New Principal Place of Business:

1778 GRANDE PARK AVE 1773 GRANDE PARK DRIVE ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

1778 GRANDE PARK AVE ENGLEWOOD, FL 34223 1773 GRANDE PARK DRIVE ENGLEWOOD, FL 34223

FEI Number: 65-0187538 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:

GREENE, EDWARD A.

1773 GRAND PARK AVE
ENGLEWOOD, FL 34223 US

GREENE, EDWARD A.

1773 GRANDE PARK DRIVE
ENGLEWOOD, FL 34223 US

GREENE, EDWARD A.

1773 GRANDE PARK DRIVE
ENGLEWOOD, FL 34223 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: 01/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GREENE, EDWARD A., GREENE, EDWARD A., Name: Name: 1773 GRANDE PARK AVE DR 1773 GRANDE PARK DR Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 GREENE, LOIS M,
 Name:
 GREENE, LOIS M,

 Address:
 1773 GRANDE PARKE DR.
 Address:
 1773 GRANDE PARK DR.

 City-St-Zip:
 ENGLEWOOD, FL 34223
 City-St-Zip:
 ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOIS M. GREENE ST 01/06/2009