2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 10, 2006 8:00 am Secretary of State DOCUMENT #L83407 1. Entity Name FINANCIAL PLAN, INC. 05-10-2006 90093 043 ***150.00 Principal Place of Business Mailing Address 630 B PINELLAS BAYWAY 630 B PINELLAS BAYWAY **.........** #4101 #4101 TIERRA VERDE, FL 33715 TIERRA VERDE, FL. 33715 US 05022008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3020167 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YARDY, JESSICA DO NOT WRITE **630 B PINELLAS BAYWAY** #4101 IN THIS SPACE TIERRA VERDE, FL 33715 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 conted name of moustains agent and title if applicable. (NOTE: Registered Agent monsture required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. PSD. TITLE NAME YARDY, JESSICA 630 B PINELLAS BAYWAY # 4101 STREET ADDRESS TIERRA VERDE, FL 33715 CITY-ST-7P VICE PICSIGEN+ TITLE 5000 VArdy 630 B Pinelles Isayury #4101 NAME STREET ADDRESS CITY-ST-ZP Tierra vosole FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

FILED