2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# M04151

Entity Name: STRATEGIC PLANNING, INC.

Current Principal Place of Business:

5900 N ANDREWS AVE
SUITE 250
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

2500 N. MILITARY TRAIL
SUITE 305
BOCA RATON, FL 33431 US

Current Mailing Address:

5900 N ANDREWS AVE
#250
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

2500 N. MILITARY TRAIL
SUITE 305
BOCA RATON, FL 33431 US

FEI Number: 59-2731566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, ROBERT M.
4000 HOLLYWOOD BLVD., #485 SOUTH
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KONDRACKI, MARIA, C.,
Address: 5900 N. ANDREWS AVE. #250
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: DWYER, JAMES W
Address: 368 NE 7TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KONDRACKI, MARIA, C.,
Address: 2500 N. MILITARY TRAIL, SUITE 305
City-St-Zip: BOCA RATON, FL 33431 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIA C. KONDRACKI PD 04/14/2004

Electronic Signature of Signing Officer or Director Date