
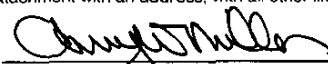


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90020 006 \*\*\*\*61.25

<b>DOCUMENT # N00000002965</b>					
1. Entity Name THE FINANCIAL PLANNING ASSOCIATION OF MIAMI-DADE, INC.					
Principal Place of Business 8245 SW 149 DRIVE PALMETTO BAY, FL 33158 US			Mailing Address P.O. BOX 560982 MIAMI, FL 33256-0982 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03232008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0991548	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, AMY 8245 SW 149 DRIVE PALMETTO BAY, FL 33158				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, F. SCOTT		NAME	Pelham, Thomas J.	
STREET ADDRESS	800 DOUGLAS ROAD, #750		STREET ADDRESS	255 Alhambra Circle	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRATH, MATTHEW		NAME	Gauthier, Debra	
STREET ADDRESS	2333 PONCE DE LEON BLVD., PH SUITE 1100		STREET ADDRESS	200 S. Biscayne Blvd.	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Miami, FL 33131	
TITLE	DIR	<input checked="" type="checkbox"/> Delete	TITLE	Exec. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLIN, PENNY		NAME	Miller, Amy	
STREET ADDRESS	13129 ALISO BEACH DRIVE		STREET ADDRESS	8245 SW 149 Dr.	
CITY-ST-ZIP	DELRAY, FL 33446		CITY-ST-ZIP	Palmetto Bay, FL 33158	
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAZAR-REALINI, HELEN		NAME	Whitby, Jason	
STREET ADDRESS	300 SEVILLA AVENUE, SUITE 216		STREET ADDRESS	3250 Mary St.	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coconut Grove, FL 33134	
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, RANDOLPH JR		NAME	King, Elaine	
STREET ADDRESS	7355 SW 87 AVENUE, SUITE 300		STREET ADDRESS	220 Alhambra Circle	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	← DIR. Kell, Samantha	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, DAVID		NAME	71 South Wacker	
STREET ADDRESS	11555 HERON BAY BLVD, SUITE 200		STREET ADDRESS	Chicago, IL 60606	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP		
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 617, 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: 		Amy W. Miller		4-2-08 786-390-7655	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	