


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000008655 1. Entity Name FOUNDATION FOR LIFE CARE PLANNING RESEARCH, INC.	
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Principal Place of Business 10 WINDSORMERE WAY SUITE 400 OVIEDO, FL 32765	Mailing Address 10 WINDSORMERE WAY SUITE 400 OVIEDO, FL 32765
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01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3004639	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DEUTSCH, PAUL M 10 WINDSORMERE WAY SUITE 400 OVIEDO, FL 32765

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEUTSCH, PAUL M 10 WINDSORMERE WAY SUITE 400 OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEINMEN, BERNIE 2 GARNETT DR STE 102 WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCOLLOM, PATRICIA 114 NW 5TH ST ANKENY, IA 50021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/08/07-80064-004 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Paul M. Deutsch Paul M. Deutsch 1-30-07 (407) 977-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #