2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N08000004286

Entity Name: FINANCIAL PROVIDER PROFESSIONALS INC

Current Principal Place of Business:

4613 N. UNIVERSITY DRIVE
#464
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

4613 N. UNIVERSITY DRIVE
#464
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAROSE, FIDELE
4613 N. UNIVERSITY DRIVE
#464
CORAL SPRINGS, FL 33067 US

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAROSE, FIDELE
Address: 4613 N. UNIVERISTY DRIVE #464
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP ( ) Delete
Name: LAROSE, JORKY R
Address: 4613 N. UNIVERSITY DRIVE #464
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FIDELE LAROSE P 02/03/2009

Electronic Signature of Signing Officer or Director — Date