2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90387 006 ****61.25

DOCUMENT # N23848

1. Entity Name

THE FINANCIAL PLANNING ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O LAW OFF OF MICHAEL I. MILLER 4223 DEL PRADO BLVD CAPE CORAL FL 33904 US	MICHAEL I. MILLER P.O. BOX 1259 SANIBEL FL 33957 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12800 UNIVERSITY DR.	12800 UNIVERSITY Dr.
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: FT. MYERS, FL	City & State: FT. MYERS, FL
Zip: 33907 Country: USA	Zip: 33907 Country: USA

1st MOORE CR2E037 (10/06)

4. FEI Number: 59-2866257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, MICHAEL I 2737 WEST GULF DR, APT 136 P.O. BOX 1259 SANIBEL FL 33957	Name: THOMAS B. BRIERS Street Address (P.O. Box Number is Not Acceptable): 24704 HOLLYBRIER LN. City: BONITA SPRINGS FL Zip Code: 34134

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 registerod agent.

SIGNATURE: THOMAS B. BRIERS, TREASURER 3/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLER, MICHAEL I P.O. BOX 1259 SANIBEL FL 33957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS B. BRIERS 24704 HOLLYBRIER LN BONITA SPRINGS, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMIN, CAROLYNN 3823 COTTON GREEN PATH DRIVE NAPLES FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY MCGEE 12710 SUMMERWOOD DR. FORT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P PECK, CAROLE J 3301 BONITA BEACH RD, S. 208 BONITA SPRINGS FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDRA ANN BRUST 5945 SANDWEDGE LANE UNIT 1006 NAPLES, FL 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHESON, ROBERT P 4501 TAMIAMI TR, N., SUITE 200 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, DEBRA 1535 BONITA LANE NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN VEEN, JACK 415 S. W. 53RD TERRACE CAPE CORAL FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: THOMAS B. BRIERS 4/17/07 (239) 689-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #