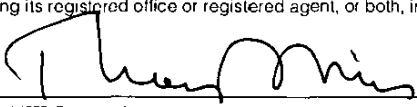
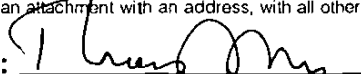


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 C/O LAW OFF OF MICHAEL I. MILLER 4223 DEL PRADO BLVD CAPE CORAL FL 33904 US				Mailing Address MICHAEL I. MILLER P.O. BOX 1259 SANIBEL FL 33957 US	
2. Principal Place of Business - No P.O. Box # 12800 UNIVERSITY DR.		3. Mailing Address 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		4. FEI Number 59-2866257	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, MICHAEL I 2737 WEST GULF DR, APT 136 P.O. BOX 1259 SANIBEL FL 33957				7. Name and Address of New Registered Agent 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 registered 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 PECK, CAROLE J 3301 BONITA BEACH RD, S. 208 BONITA SPRINGS FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDRA ARMSTRONG 5945 SANDWEDGE LANE UNIT 1008 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					