## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N98000002670

RT FILED

May 12, 2006
Secretary of State

Entity Name: NATIONAL BUDGET PLANNERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1000 EAST ATLANTIC BOULEVARD 6728 N. FEDERAL HIGHWAY

SUITE 205H SUITE 289

POMPANO BEACH, FL 33060 FORT LAUDERDALE, FL 33308

Current Mailing Address: New Mailing Address:

1000 EAST ATLANTIC BOULEVARD 6728 N. FEDERAL HIGHWAY

SUITE 205H SUITE 289 POMPANO BEACH, FL 33060 FORT LAU

POMPANO BEACH, FL 33060 FORT LAUDERDALE, FL 33308

FEI Number: 65-0848095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US

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:

Flacture of Circumstance of Devictors of Assert

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

itle: D ()Delete Title: PD (X)Change ()Addition

Name: GANCI, MARIO Name: SINGH, BHOPINDER

Address: 1000 EAST ATLANTIC BOULEVARD Address: 6278 N. FEDERAL HIGHWAY SUITE 289
City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MARSHALL, RHONDA
 Name:

 Address:
 1000 EAST ATLANTIC BOULEVARD
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BHOPINDER SINGH P D 05/12/2006