2006 NOT FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT # N98000002670** 1. Entity Name NATIONAL BUDGET PLANNERS OF SOUTH FLORIDA, INC. 2006 OCT - 17 PM 2: 51 Principal Place of Business Mailing Address SECRETARY OF STATE 6728 N. FEDERAL HIGHWAY 0720 N. FEDERAL HIGHWAY TALLAHASSEE, FLORIDA **SHITE 289 SUITE 289** FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Hwy 6278 N. FEDERAL 6278 N. FEDERAL Suite, Apt. #, etc. Suite, Apt. #, etc. 09122006 Cha-NP CR2E037 (4/06) SuITE 289 Suite 289 Applied For City & State City & State 4. FEI Number 65-0848095 FLFORT Not Applicable FORT AUDERDALE LAUDERDALE Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33308 3308 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Ba 9. Election Campaign Financing Make check payable to Amended AR is \$61,25 Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Delete TITLE DIRECTOR Change ■ Addition TITLE SINGH, BHOPINDER NAME NAME BHOPINDER SINGH 6278 N. FEDERAL HWY Suite 284 6278 N. FEDERAL HIGHWAY SUITE 289 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33308 PRESIDENT 33308 ☐ Delete TITLE ☐ Change **Addition** TITLE KANWAR, SANTEEV KUMAR NAME NAME 6278 N. FEDERAL HWY. SUITE 289 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AUDER DALE 33308 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME 000080782800 STREET ADDRESS STREET ADDRESS 19/12/06--ninsa--n23 **78.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

w