## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000026157

1. Entity Name

GLOBAL FINANCIAL PLANNING RESOURCES, INC.



FILED Apr 14, 2006 08:00 Al Secretary of State

Principal Place of Business

6550 NORTH WICKHAM ROAD

SUITE 4

MELBOURNE, FL 32940 US

Mailing Address

1101 BRICKELL AVENUE

**SUITE 1402** 

MIAMI, FL 33131 U



02272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-166655 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNER, STEVE 1101 BRICKELL AVENUE SUITE 1402 MIAMI, FL 33131

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

WIAWI, FL 33131				iii iiiio oi AoL					
	named entity submits this statement for the puions of registered agent.	rpose of changing its registere	d office or re	egistered agent,	, or both, In th	e State of Flo	rida. I am familia	r with, and accept	
SIGNATURE_				_ + :		1	٠		
	Signature, typed or privited name of registered agent and title if	applicable. [NOTE: Registered	Agent signature	required when reinste.	ding)	r +112	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Added to Fee:					
10.	OFFICERS AND DIRECT	TORS				. •			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAWOOD, RICHARD 255 SHORELIÑE DRIVE, SUITE 100 REDWOOD CITY, CA 94065					กัดฉดิด	510451 80008-017	· F0 · 45	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENDOR, TONY 255 SHORELINE DRIVE, SUITE 100 REDWOOD CITY, CA 94065				U4 <i>,</i>	/29/06-	800U8-017	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROY, ROBERT A 6550 NORTH WICKHAM ROAD, SUITE MELBOURNE, FL 32940	<b>4</b>		D	O NO	OT W	RITE		
Title Name Street address City-St-Zip	SEC ODELL, JANICE 255 SHORELINE DRIVE, SUITE 100 REDWOOD CITY, CA 94065			11	N TH	IS SF	ACE		
Title Name Street address City-St-Zip			,	5 1			i i.		
TITLE NAME Street address City-S1-Zip			-		-, , , , , , , , , , , ,		vur er rel	# -** 00.77 <b>8</b> 0	
of the corp	ertify that the information supplied with this filir on this report or supplemental report is true ar Joration or the receiver or trustee empowered or on an attachment with an address, with all o	id accurate and that my signatu to execute this report as require	re shall hav	e the same lega	ıl effect as if n	eade under o	aih: that I am an r	officer or director	