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DIVISION OF CORPORATIONS

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Fax Number : (850)205-0380

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (212)431-5000

Fax Number : (212)431-1441

REGISTERED AGENT CHANGE

PENSION PLANNING PROFESSIONALS INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PENSION PLANNING PROFESSIONALS INC.
2. The principal office address: 7491 NORTH FEDEAL HIGHWAY, SUITE C5211, BOCA RATON
FL 33487
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/22/02 Document number: P02000031947

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DAVID BYCK
7491 NORTH FEDERAL HIGHWAY, SUITE C5211
BOCA RATON, FL 33487

6. The name and street address of the new registered agent (if changed) and /or registered office (changed):

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
(P.O. Box or personal mailbox NOT acceptable)
ORLANDO, FLORIDA 32811

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

David Byck
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

3/19/03
(Date)

If signing on behalf of an entity:

MARC MOEL
(Typed or Printed Name)

Asst. Secy.
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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