

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90040 016 \*\*\*150.00

**DOCUMENT # P02000035271**

1. Entity Name  
**PROFESSIONAL WEDDING PLANNERS, INC.**



Principal Place of Business Mailing Address

604 LIBERTY COURT DEERFIELD BEACH FL 33442 US

604 LIBERTY COURT DEERFIELD BEACH FL 33442 US



2. Principal Place of Business 3. Mailing Address

304 Liberty Court 304 Liberty Court

Suite, Apt. #, etc. Suite, Apt. #, etc.

Deerfield Beach Deerfield Beach

1st MOORE CR2E034 (10/05)

City & State Florida Florida

Zip 33442 Country US 33442 Country US

4. FEI Number 04-3635223 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOOTHMAN, CHARLENE K**  
**3864 CORAL TREE CIRCLE**  
**COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 304 Liberty Court  
 Deerfield Beach

City Florida FL Zip Code 33442

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVPT <input type="checkbox"/> Delete
NAME	BOOTHMAN, CHARLENCK
STREET ADDRESS	3864 CORAL TREE CIRCLE
CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	304 Liberty Court
CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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: Charlene K Boothman 2-7-06 954-746-4866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #