2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P03000010877** 04-23-2004 90217 016 ***150.00 DIVORCE PLANNING & SERVICES, INC. Mailing Address Principal Place of Business 5231 SW 122 TERRACE 5231 SW 122 TERRACE COOPER CITY, FL 33330 COOPER CITY, FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 CR2E034 (10/03) Chg-P City & State \$1-059401 Applied For City & State Not Applicable Country Zin Country \$8.75 Additional Zip 5. Certificate of Status Desired Г Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUTNER, JOSHUA Street Address (P.O. Box Number is Not Acceptable) **5231 SW 122 TERRACE** COOPER CITY, FL 33330 City -Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TITLE Delete NAME RUTNER, JOSHUA NAME STREET ADDRESS STREET ADDRESS **5231SW 122 TERRACE** CITY-ST-ZIP CITY-ST-ZIP COOPER CITY, FL 33330 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete 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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED