2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000049947

1. Entity Name
PLAN SOLUTIONS, INC.

Principal Place of Business	Mailing Address
4300 N. UNIVERSITY DR. SUITE F-203 LAUDERHILL, FL 33351	4300 N. UNIVERSITY DR. SUITE F-203 LAUDERHILL, FL 33351

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEi Number	Applied For
83-0361724	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, EVAN M
4300 N. UNIVERSITY DR.
SUITE F-203
LAUDERHILL, FL 33351

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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 _Evan Katz_

Signature Typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE _1/5/07_

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000581666
01/10/07-80096-024   150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	KATZ, EVAN M
STREET ADDRESS	4300 N. UNIVERSITY DR. SUITE F-203
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _Evan Katz_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _1/5/07_   Daytime Phone #