


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P03000054920
 1. Entity Name
 THE FLORIDA PLAN.COM INC.



Principal Place of Business 3594 S.OCEAN BLVD. 408 HIGHLAND BEACH, FL 33487 US	Mailing Address 3594 S.OCEAN BLVD. 408 HIGHLAND BEACH, FL 33487 US
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DO NOT WRITE IN THIS SPACE



05082007 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0360055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZITO, JEFFREY M
 3594 S.OCEAN BLVD.
 408
 HIGHLAND BEACH, FL 33487

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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 5/1/2007

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERUSKY, DEBORAH 3594 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. GERUSKY, DEBORAH 3594 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZITO, JEFFREY M 3594 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/29/07-80023-002 150.00

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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:  Jeffrey M Zito 3/1/2007 561-542-8470

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