

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009691

Entity Name: INNOVATIVE FINANCIAL PLANNING, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

20287 MONTEVERDI CIRCLE
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

20287 MONTEVERDI CIRCLE
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 20-0636305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWEIGER, STANLEY
20287 MONTEVERDI CIRCLE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: SCHWEIGER, STANLEY
Address: 20287 MONTEVERDI CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: S () Delete
Name: SCHWEIGER, BONNIE
Address: 20287 MONTEVERDI CIRCLE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP,S (X) Change () Addition
Name: SCHWEIGER, BONNIE
Address: 20287 MONTEVERDI CIRCLE
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE SCHWEIGER

S

04/19/2007

Electronic Signature of Signing Officer or Director

Date