

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90385 044 \*\*\*150.00

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03142006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000041750</b>					
1. Entity Name NATIONWIDE PRESTIGE PLANNERS, INC.					
Principal Place of Business 1382 B CARLTON ARMS DR BRADENTON, FL 34208			Mailing Address 1382 B CARLTON ARMS DR BRADENTON, FL 34208		
2. Principal Place of Business 6314 Rosefinch CT #104		3. Mailing Address 6314 Rosefinch CT #104			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 30-0236811	
Zip 34202	Country USA	Zip 34202	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZANG, RICHARD 1382 B CARLTON ARMS DRIVE BRADENTON, FL 34208				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				6314 Rosefinch CT #104	
				City Bradenton	FL Zip Code 34202
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: <u>Richard Zang</u>				DATE: <u>4-21-06</u>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ZANG, RICHARD 1382 CARLTON ARMS DR BRADENTON, FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6314 Rosefinch CT #104 Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Richard Zang</u>			Richard Zang <u>4-21-06</u> 941-284-1823 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		