2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063527

MATOS, ELIZABETH

MONTVERDE, FL 34756

16740 MAGNOLIA TERRACE BLVD.

Name:

Address:

City-St-Zip:

FILED Apr 28, 2006 Secretary of State

Entity Name: RESIDENTIAL PLANNERS INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
500 SAVAC LONGWOO	GE COURT DD, FL 32750					
Current Mailing Address:			New Maili	New Mailing Address:		
500 SAVAC	GE COURT DD, FL 32750					
FEI Number:	20-1005114	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
KABA CONSULTING INC 1307 RAIN FOREST LN CLERMONT, FL 34711 US			16740 MAC	ELIZABETH MATOS 16740 MAGNOLIA TERRACE MONTVERDE, FL 34756 US		
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATURE: ELIZABETH MATOS				04/28/2006		
	Electronic	c Signature of Registered Agen	t		Date	
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MATOS, DAN E	Delete A TERRACE BLVD L 34711	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	O ()[MORELLO, JOSI 5749 FIVE FLAG ORLANDO, FL 3	S BLVD.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	O ()[FIGUEROA, MAR P.O. BOX 42022 KISSIMMEE, FL	4	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	s ()	Delete	Title:	SIO	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

MATOS, ELIZABETH

MONTVERDE, FL 34756

16740 MAGNOLIA TERRACE BLVD.

SIGNATURE: ELIZABETH MATOS 0 04/28/2006