

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063527

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: RESIDENTIAL PLANNERS INC.

## Current Principal Place of Business:

8810 COMMODITY CIR, STE 21  
ORLANDO, FL 32819

## New Principal Place of Business:

8810 COMMODITY CIR,  
SUITE 21  
ORLANDO, FL 32819

## Current Mailing Address:

8810 COMMODITY CIR, STE 21  
ORLANDO, FL 32819

## New Mailing Address:

8810 COMMODITY CIR,  
SUITE 21  
ORLANDO, FL 32819

FEI Number: 20-1005114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELIZABETH MATOS  
500 SAVAGE COURT  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

ELIZABETH MATOS  
16740 MAGNOLIA TERRACE  
MONTVERDE, FL 34756 US

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:

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MATOS, DAN E  
Address: 500 SAVAGE COURT  
City-St-Zip: LONGWOOD, FL 32750

Title: O ( ) Delete  
Name: MORELLO, JOSEPH  
Address: 5749 FIVE FLAGS BLVD.  
City-St-Zip: ORLANDO, FL 32822

Title: O ( ) Delete  
Name: FIGUEROA, MARCO  
Address: P.O. BOX 420224  
City-St-Zip: KISSIMMEE, FL 34742

Title: S/O ( ) Delete  
Name: MATOS, ELIZABETH  
Address: 500 SAVAGE COURT  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MATOS, DAN E  
Address: 16740 MAGNOLIA TERRACE  
City-St-Zip: MONTVERDE, FL 34756

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

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

Title: S/O (X) Change ( ) Addition  
Name: MATOS, ELIZABETH  
Address: 16740 MAGNOLIA TERRACE  
City-St-Zip: MONTVERDE, FL 34756

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH MATOS

O

04/14/2008

Electronic Signature of Signing Officer or Director

Date