

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000012626 1. Entity Name NEXT GENERATION PLANNING, INC.						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">2007 JAN -2 PM 12:55</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business P O BOX 4290 HOMOSASSA SPRINGS, FL 34447				Mailing Address P O BOX 4290 HOMOSASSA SPRINGS, FL 34447			
2. Principal Place of Business 11 WOODASH CT. Suite, Apt. #, etc.				3. Mailing Address P.O. Box 4290 Suite, Apt. #, etc.			
City & State HOMOSASSA FL.				City & State HOMOSASSA SPRINGS FL			
Zip 34446		Country USA		Zip 34447		Country USA	
4. FEI Number 05-0617430				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, GORDON L 11 WOODASH CT HOMOSASSA, FL 34446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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>GORDON L. SMITH</u> <u>Gordon L Smith</u> <u>12-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE V.P & SECRETARY <input checked="" type="checkbox"/> Delete NAME LINDA J. SMITH STREET ADDRESS 11 WOODASH CT. HOMOSASSA FL CITY-ST-ZIP 34446 <input type="checkbox"/> Delete				TITLE V.P & SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GORDON L. SMITH STREET ADDRESS 11 WOODASH CT. HOMOSASSA FL CITY-ST-ZIP 34446 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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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: <u>Gordon L Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>12-20-06</u> <u>352-382-1976</u> <small>Date Daytime Phone #</small>			