


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90472 045 ***150.00

DOCUMENT # P05000101625 1. Entity Name S & S PLAN PROCESSORS INC.					
Principal Place of Business 5100 NW 19 AVENUE MIAMI, FL 33142 US			Mailing Address 5100 NW 19 AVENUE MIAMI, FL 33142 US		
2. Principal Place of Business 5100 N.W. 19 AVE Suite, Apt. #, etc. MIAMI, FL. City & State		3. Mailing Address 5100 N.W. 19 AVE Suite, Apt. #, etc. MIAMI, FL. City & State			
Zip 33142		Country DADE		4. FEI Number 20-3173472	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent SELLERS, WILLIE 5100 NW 19 AVENUE MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, if acceptable) City State FL Zip		
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>Willie Sellers</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P SELLERS, WILLIE 5100 NW 19 AVENUE MIAMI, FL 33142 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Willie Sellers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>(305) 343-8419</u> <small>Daytime Phone #</small>		