


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 31 PM 2:24

DOCUMENT # P05000130904	
1. Entity Name FINANCIAL PLANNING INSTRUCTION CORPORATION	

Principal Place of Business 6855 CIRCLE CREEK DRIVE PINELLAS PARK, FL 33781	Mailing Address 6855 CIRCLE CREEK DRIVE PINELLAS PARK, FL 33781
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2. Principal Place of Business 1903 Dormieone Circle N.	3. Mailing Address 1903 Dormieone Circle N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33710-3715	Zip 33710-3715
Country USA	Country USA



03282006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3529163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE WINICK WEHLE LAW GROUP, LLP 328 W. BEARSS AVENUE SUITE A TAMPA, FL 33613	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADDATZ, WILLIAM L 6855 CIRCLE CREEK DRIVE PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1903 Dormieone Circle North St. Petersburg, FL 33710-3715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RADDATZ, MARY KAYE 6855 CIRCLE CREEK DRIVE PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1903 Dormieone Circle North St. Petersburg, FL 33710-3715
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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 an other like empowered.

SIGNATURE: William L. Raddatz 3-28-06 727-343-4309
President Date Daytime Phone #