


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000005007		
1. Entity Name FINANCIAL PLANNING & TAX SERVICES, INC.		


Principal Place of Business 1970 ROCKLEDGE BLVD. SUITE 102 ROCKLEDGE, FL 32955 US	Mailing Address PO BOX 562665 ROCKLEDGE, FL 32956 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

07 FEB -7 AMH:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



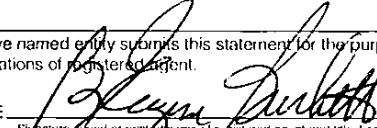
01302007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4070478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BURKETT, B E 1865 CANTERBURY DRIVE INDIALANTIC, FL 32903	

7. Name and Address of New Registered Agent	
Name Burkett, B. Eugene	
Street Address (P.O. Box Number is Not Acceptable)	
1970 Rockledge Blvd., Suite 102	
City Rockledge	FL Zip Code 32955

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  B. Eugene Burkett, President 01/31/07

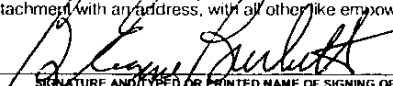
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000088061430 02/13/07--01001--006 **61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BURKETT, B E 1865 CANTERBURY DRIVE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Burkett, B. Eugene <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1970 Rockledge Blvd, Suite 102 Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Houser, Stephen C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1970 Rockledge Blvd, Suite 102 Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President, Marketing Houser, Dawn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1970 Rockledge Blvd, Suite 102 Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:  B. Eugene Burkett 01/31/07 321-631-0383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #