

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154979

FILED
Mar 27, 2008
Secretary of State

Entity Name: COMPREHENSIVE PLANNING RESOURCES, INC.

Current Principal Place of Business:

5601 CYPRESS HOLLOW WAY
NAPLES, FL 34109

New Principal Place of Business:

6261 CYPRESS HOLLOW WAY
NAPLES, FL 34109

Current Mailing Address:

5601 CYPRESS HOLLOW WAY
NAPLES, FL 34109

New Mailing Address:

6261 CYPRESS HOLLOW WAY
NAPLES, FL 34109

FEI Number: 43-2116153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ALLAN
5601 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

WILSON, ALLAN
6261 CYPRESS HOLLOW WAY
NAPLES, FL 34109 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: ALLAN WILSON

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, ALLAN
Address: 5601 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: SEC. () Delete
Name: WILSON, ALLAN
Address: 5601 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, ALLAN
Address: 6261 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: SEC. (X) Change () Addition
Name: WILSON, ALLAN
Address: 6261 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

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: ALLAN WILSON

MP

03/27/2008

Electronic Signature of Signing Officer or Director

Date