2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P07000100061

Entity Name: ASK FINANCIAL PLANNING INC.

Current Principal Place of Business:

3197 SW MCMULLEN ST.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

13467 NW 6 DR
PLANTATION, FL 33325

Current Mailing Address:

3197 SW MCMULLEN ST.
PORT ST. LUCIE, FL 34953

New Mailing Address:

13467 NW 6 DR
PLANTATION, FL 33325

FEI Number: 33-1183386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, AARON M
3197 SW MCMULLEN ST
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

SMITH, AARON M
13467 NW 6 DR
PLANTATION, FL 33325 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: AARON SMITH 02/23/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, AARON M
Address: 3197 SW MCMULLEN ST
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Delete
Name: SMITH, SHANA L
Address: 3197 SW MCMULLEN ST
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, AARON M
Address: 13467 NW 6 DR
City-St-Zip: PLANTATION, FL 33325

Title: VP (X) Change ( ) Addition
Name: SMITH, SHANA L
Address: 13467 NW 6 DR
City-St-Zip: PLANTATION, FL 33325

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: AARON SMITH P 02/23/2009
Electronic Signature of Signing Officer or Director Date