
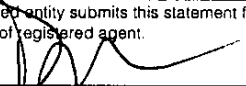
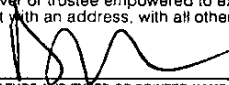


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90221 025 ***150.00

DOCUMENT # P07000112040 1. Entity Name EXECUTIVE PLANNER, INC.			
Principal Place of Business 808 PENNSYLVANIA WAY SARASOTA, FL 34243		Mailing Address 808 PENNSYLVANIA WAY SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box # 6891 W Country Club Ln Suite, Apt. #, etc.		3. Mailing Address 6891 W Country Club Ln Suite, Apt. #, etc.	
City & State SARASOTA FL Zip 34243 Country		City & State SARASOTA FL Zip 34243 Country	
4. FEI Number 41-2254571		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04282008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent OSWALD, DOROTHY 808 PENNSYLVANIA WAY SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name OSWALD, Dorothy Street Address (P.O. Box Number is Not Acceptable) 6891 W. Country Club Ln City SARASOTA FL Zip 34243	
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:  DATE: 4-29-08 <small>Signature, typed or printed name of registered agent and title if applicable (NC) Registered Agent signature required when reinstating</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P NAME OSWALD, DOROTHY STREET ADDRESS 808 PENNSYLVANIA WAY CITY-ST-ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE P NAME OSWALD, Dorothy STREET ADDRESS 6891 W. Country Club Lane CITY-ST-ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 all other like empowered.			
SIGNATURE: 		Date: 4-29-08	