

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90013 017 ***150.00

DOCUMENT # P93000024713 1. Entity Name PLAN AMERICA FINANCIAL SERVICES, INC.					
Principal Place of Business 23816 OAK TREE DR. SORRENTO, FL 32776 US			Mailing Address 23816 OAK TREE DR. SORRENTO, FL 32776 US		
2. Principal Place of Business - No P.O. Box # 37349 N. THRILL HILL RD		3. Mailing Address 37349 N. THRILL HILL RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State EUSTIS FL		City & State EUSTIS FL		4. FEI Number 59-3172665	
Zip 32736		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD EASTERBROOK 23816 OAK TREE DRIVE SORRENTO, FL 32776			7. Name and Address of New Registered Agent Name RICHARD EASTERBROOK Street Address (P.O. Box Number is Not Acceptable) 37349 N. THRILL HILL RD City EUSTIS FL Zip Code 32736		
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 RICHARD EASTERBROOK 2/26/07 <small>Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD EASTERBROOK <input type="checkbox"/> Delete 23816 OAK TREE DR. SORRENTO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD EASTERBROOK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37349 N. THRILL HILL RD. EUSTIS FL 32736	
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	
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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	
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 RICHARD EASTERBROOK 2/26/07 352-483-0447 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					