

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052118

FILED
May 08, 2008
Secretary of State

Entity Name: SERVICE PLANNING NETWORK, INC.

Current Principal Place of Business:

2440 LAKE OSBORNE DRIVE
B-108
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

2440 LAKE OSBORNE DRIVE
B-108
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 65-0417094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TSISMANAKIS, GEORGE
2440 LAKE OSBORNE DRIVE
B-108
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: TSISMANAKIS, GEORGE
Address: 2440 LAKE OSBORNE DRIVE, B-108
City-St-Zip: LAKE WORTH,, FL 33461 US

Title: VP () Delete
Name: TSISMANAKIS, DONNA
Address: 2440 LAKE OSBORNE DRIVE, B-108
City-St-Zip: LAKE WORTH, FL 33461 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE TSISMANAKIS

CEO

05/08/2008

Electronic Signature of Signing Officer or Director

_____ Date