2007 FOR PROFIT CORPORATION ANNUAL REPORT

FLORIDA PLAN SERVICE, INC.

DOCUMENT # P94000040947



Principal Place of Business

314 S LAKEWOOD DR ORLANDO, FL 32803 Mailing Address

314 S LAKEWOOD DR ORLANOD, FL 32803

US

FILED May 03, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For

| 59-3262024 | | Not Applicable |
|---------------------------------|---|-------------------|
| 5 Cortificate of Status Desired | П | \$8.75 Additional |

Fee Required

6. Name and Address of Current Registered Agent

OSTERMANN, IRENA 314 S LAKEWOOD DR ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

| 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 | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | DPST OSTERMANN, IRENA 314 S LAKEWOOD DR ORLANDO, FL 32803 | **** | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 000000758903 05/24/07-80020-023 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | |

12. Thereby 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:

CITY-ST-ZIP