

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022772

FILED
Mar 21, 2006
Secretary of State

Entity Name: PROFESSIONAL PLANNERS FINANCIAL SERVICES CORPORATION

Current Principal Place of Business:

636 U.S. HIGHWAY ONE, SUITE 205
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 14457
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0650658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPERT, MICHAEL A ESQ
1655 PALM BEACH LAKES BLVD
SUITE 900
WEST PALM BEACH, FL 334012225 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: D () Delete
Name: LAMPERT, ANTHONY E
Address: 636 US HIGHWAY 1 #205
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: LAMPERT, ARNOLD L
Address: 636 US HIGHWAY 1 #205
City-St-Zip: NORTH PALM BEACH, FL 33408

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 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: ARNOLD L. LAMPERT

CEO

03/21/2006

Electronic Signature of Signing Officer or Director

Date