2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90015 023 ***150.00

DOCUMENT # P96000053796

1. Entity Name
PLANITUDE, INC.

Principal Place of Business
235 S. MAITLAND AVE
111
MAITLAND, FL 32750

Mailing Address
P.O BOX 941569
MAITLAND, FL 32794 US

50004804

2. Principal Place of Business	3. Mailing Address
7226 W. COLONIAL DR	
Suite, Apt. #, etc. #373	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32818 / Country USA	Zip / Country

02152006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3606559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MENDES, ELZA
235 S. MAITLAND AVE
111
MAITLAND, FL 32250

7. Name and Address of New Registered Agent

Name ELZA MENDES
Street Address (P.O. Box Number is Not Acceptable) 7226 W. COLONIAL DRIVE
#373
City ORLANDO FL Zip Code 32818

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	MENDES, ELZA	NAME	ELZA MENDES
STREET ADDRESS	235 S. MAITLAND AVE, #111	STREET ADDRESS	7226 W. COLONIAL DRIVE, #373
CITY-ST-ZIP	MAITLAND, FL 32750	CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ______________________ 3/20/06 407 532-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #