2008 FOR PROFIT CORPORATION

FILED Jan 28, 2008 08:00 A Secretary of State

ANNUAL REPORT					Jan 28, 2008 08:0			
1. Entity Nan	MENT # P970000195 ED PLANNING, INC.	505			S	ecretary o	of St	
Principal Plac	e of Business	Mailing Address	**-					
52 ST AUGU		52 ST AUGUSTINE BLVD						
ST AUGUSTII	IE, FL 32080	ST AUGUSTINE, FL 32080				/		
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	6. Name and Address of Current Re	gistered Agent		Company of	vatra		护工器	
BERK, JE				ב חח	NOT W	RITE	i '	
ST AUGUS	GUSTINE BLVD STINE, FL 32004	è i			, 1			
		1		INT	HIS SP	ACE		
8. The above	named entity submits this statement for the control of the control	ne purpose of changing its registered	d office or register	ed agent, or both	, in the State of Flor	ida. I am familiar with, and	accept	
_	on a or registered again.							
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registered	Agent signature required	when reinstaling)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.		00 May Be ed to Fees				
							100 Sq.	
10.	OFFICERS AND DI	RECTORS			AS TEST SE			
TITLE NAME STREET ADDRESS	P BERK, JEANETTE F 52 ST. AUGUSTINE BLVD	RECTORS						
TITLE NAME	P BERK, JEANETTE F	RECTORS			1 000000	01389		
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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 eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #