FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2004 8:00 am

DOCUMENT # P97000/0/188 1. Entity Name LTC Planning Inc.				Secretary of State 05-03-2004 90744 047 ***155.00		
And the second s	NOT WRITE		PACE			
2. Principal Place of Business 3. Mailing Address 75 E Indian town Ed. #506						
	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Junite	rF1	City & State		4. FEI Number 65 - 080 7305	Applied For Not Applicable	
3347	7 Palm Bch	Zip Country		5. Certificate of Status Desired		
Andrews and the second	A COLUMN TO A PROGRESSION OF PROGRESSION OF A PROGRESSION		Nemo	7. Name and Address of Current Registered Ag	ent	
DO NOT WRITE Name Revin Quint Street Address (P.O. Box Number is Not Accept						
A CONTROL OF THE CONT				ss (P.O. Box Number is Not Acceptable)		
1.00 pt. 10 pt.	IN THIS SP	ACE	75-12	Indiantous Rd.	4506	
a .			City	·······································	Zin Code	
8. The above name	ed entity submits this statement for	the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida. I am famili	ar with, and accept	
	of registered agent.	> NOTNE		,		
SIGNATURE Signatu	re, typed or printed name of registered agent a	<u> </u>	E: Registered Agent signature require	d when reinstating) ### DATE /	94	
After Am	1 - May 1 Fee is \$150.00 May 1, Fee is \$550.00 ended UBR is \$61.25 ible to Florida Department of	State	•	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	90/48C0-48C0	Service Scarness Control Co. Line Const. (Control Control Cont		Martin Ma	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

LECTOR TED NAME OF SIGNING OFFICER OR DIRECTOR