


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90026 020 ***150.00

DOCUMENT # P98000025742	
1. Entity Name CERTIFIED ESTATE PLANNERS, INC.	

Principal Place of Business 1609 FAIRMOUNT DRIVE SEBRING, FL 33870	Mailing Address 1609 FAIRMOUNT DRIVE SEBRING, FL 33870
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2. Principal Place of Business - No P.O. Box # 3601 Sebring Pkwy.	3. Mailing Address 3601 Sebring Pkwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sebring, FL 33870	City & State Sebring, FL 33870
Zip 33870	Zip 33870
Country USA	Country USA



01092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PILLER, TOM 3601 SEBRIC PKWY SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Robert S Piller Street Address (P.O. Box Number, is Not Acceptable) 3601 Sebring Pkwy. City Sebring FL Zip Code 33870	
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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: *Robert S. Piller* DATE: 1-24-07

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PILLER, TOM 1609 FAIRMOUNT DRIVE SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PILLER, STEVE 1609 FAIRMOUNT DRIVE SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *TOM PILLER* DATE: 1/23/07 863 385-3557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR