

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094471

FILED
Feb 28, 2006
Secretary of State

Entity Name: FIRST NATIONAL FINANCIAL PLANNING, INC.

Current Principal Place of Business:

4630 HARBOUR VILLAGE BLVD
UNIT 1502
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4630 HARBOUR VILLAGE BLVD
UNIT 1502
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 52-1256332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, CLIFTON JR.
4630 HARBOUR VILLAGE BLVD
UNIT 1502
PONCE INLET, FL 32127 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: MR. () Delete
Name: MORRIS, CLIFTON JR.
Address: 4630 HARBOUR VILLAGE BLVD #1502
City-St-Zip: PONCE INLET, FL 32127

Title: MS. () Delete
Name: MORRIS, ERETTA M
Address: 788 SUGARHOUSE DRIVE
City-St-Zip: PORT ORANGE, FL 32119

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORRIS, CLIFTON MR.
Address: 4630 HARBOUR VILLAGE BLVD #1502
City-St-Zip: PONCE INLET, FL 32127

Title: D (X) Change () Addition
Name: MORRIS, ERETTA M MS.
Address: 117 BROWN CRAIN COURT
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Change (X) Addition
Name: MORRIS, AMIEL Y MR.
Address: 8739 CONTEE ROAD APT 304
City-St-Zip: LAUREL, MD 20708

Title: D () Change (X) Addition
Name: MORRIS, CLIFTON J MR.
Address: PO BOX 291863
City-St-Zip: PORT ORANGE, FL 32129

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: CLIFTON MORRIS JR.

PRES

02/28/2006

Electronic Signature of Signing Officer or Director

_____ Date