


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90052 037 ***150.00

DOCUMENT # S62811


1. Entity Name
THE ESTATE PLANNING TEAM, INC.



Principal Place of Business Mailing Address
3363 W COMMERCIAL BLVD **PO BOX 812170**
SUITE 100 **BOCA RATON, FL 33481 US**
FORT LAUDERDALE, FL 33309 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1108 E Newport Center Dr Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State
Deerfield Beach FL City & State
 Zip Country Zip Country
33442 **Florida**



02042008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0273677 Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, RICHARD K
1108 E NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PDTR NEWMAN, RICHARD K 1108 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____ **02/16/08** **361-588-8870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #