
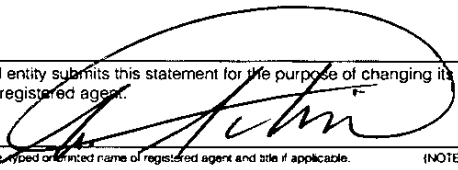
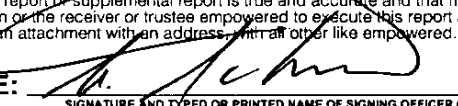


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90071 020 \*\*\*150.00

<b>DOCUMENT # S85026</b> 1. Entity Name <b>CAPITAL PLANNING EQUITY CORP.</b>					
Principal Place of Business <b>1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUNRISE, FL 33323 US</b>			Mailing Address <b>1560 SAWGRASS CORPORATE PARKWAY SUITE 465 SUNRISE, FL 33323</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0316369</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCHWEITZER, ANDY I 9810 NORTHWEST 10TH COURT PLANTATION, FL 33322</b>				7. Name and Address of New Registered Agent Name <b>Schweitzer, Amnon I</b> Street Address (P.O. Box Number is Not Acceptable) <b>9810 Northwest 10th Court</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33322</b>	
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 <b>4/19/07</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PM</b>	NAME <b>SCHWEITZER, ANDY I</b>		TITLE <b>PM</b>	NAME <b>Schweitzer, Amnon I</b>	
STREET ADDRESS <b>9810 NORTHWEST 10TH COURT</b>	CITY-ST-ZIP <b>PLANTATION, FL 33322</b>		STREET ADDRESS <b>9810 Northwest 10th Court</b>	CITY-ST-ZIP <b>Plantation, FL 33322</b>	
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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, title or other like empowered.					
SIGNATURE: 			Date <b>4/19/07</b> Daytime Phone # <b>954-331-4664</b>		