

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007299

FILED
Apr 01, 2008
Secretary of State

Entity Name: RETIREMENT PLAN CONSULTANTS, INC.

Current Principal Place of Business:

8320 E. WALKER SPRINGS LN
STE 101
KNOXVILLE, TN 37923

New Principal Place of Business:

8331 E. WALKER SPRINGS LN
STE 301
KNOXVILLE, TN 37923

Current Mailing Address:

8320 E. WALKER SPRINGS LN
STE 101
KNOXVILLE, TN 37923

New Mailing Address:

8331 E. WALKER SPRINGS LN
STE 301
KNOXVILLE, TN 37923

FEI Number: 62-6319489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CHRM () Delete
Name: SYKES, TIM D
Address: 8320 E. WALKER SPRINGS LANE, SUITE 101
City-St-Zip: KNOXVILLE, TN 37923

Title: CEO () Delete
Name: KECK, KYLA
Address: 8320 E. WALKER SPRINGS LANE, SUITE 101
City-St-Zip: KNOXVILLE, TN 37923

Title: P () Delete
Name: KING, SEAN D
Address: 8320 E. WALKER SPRINGS LANE, SUITE 101
City-St-Zip: KNOXVILLE, TN 37923

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change () Addition
Name: SYKES, TIM D
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301
City-St-Zip: KNOXVILLE, TN 37923

Title: CEO (X) Change () Addition
Name: KECK, KYLA
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301
City-St-Zip: KNOXVILLE, TN 37923

Title: P (X) Change () Addition
Name: KING, SEAN G
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301
City-St-Zip: KNOXVILLE, TN 37923

I hereby certify that the information supplied with this filing does not qualify 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: SEAN G. KING

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

_____ Date