2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123803

FILED Apr 24, 2009 Secretary of State

Entity Name: PLAINTIFF INJURY ASSISTANCE CORPORATION	
Current Principal Place of Business:	New Principal Place of Business:
5317 FRUITVILLE RD. SUITE 54 SARASOTA, FL 34232	
Current Mailing Address:	New Mailing Address:
5317 FRUITVILLE RD. SUITE 54 SARASOTA, FL 34232	
FEI Number: 20-0383514 FEI Number Applied For (FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	
PETERSEN, SCOTT K 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236 US	
The above named entity submits this statement for in the State of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered	d Agent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: D () Delete	Title: D (X) Change () Addition

PETERSEN, KATHLEEN V DUMAS, JACK W Name: Name: 2425 GULF OF MEXICO DRIVE, UNIT 7A 4417 GLEBE FARM ROAD Address: Address: LONGBOAT KEY, FL 34228 City-St-Zip: City-St-Zip: SARASOTA, FL 34235

Title: (X) Delete Title: () Change () Addition

PETERSON, KATHLEEN Name: Name: 2425 GULF OF MEXICO DRIVE, UNIT 7A Address: Address: LONGBOAT KEY, FL 34228 City-St-Zip: City-St-Zip:

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: KATHLEEN V. PETERSEN D 04/24/2009