

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100651

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: PLANSTAR INC.

## Current Principal Place of Business:

2411 115TH TERRACE EAST  
PARRISH, FL 34219

## New Principal Place of Business:

5514 N ORMONDO WAY  
LITCHFIELD PARK, AZ 85340

## Current Mailing Address:

2411 115TH TERRACE EAST  
PARRISH, FL 34219

## New Mailing Address:

5514 N ORMONDO WAY  
LITCHFIELD PARK, AZ 85340

FEI Number: 20-5319172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSON, SHARON  
2411 115TH TERRACE EAST  
PARRISH, FL 34219 US

## Name and Address of New Registered Agent:

LARSON, SHARON  
5514 N ORMONDO WAY  
LITCHFIELD PARK, FL 85340 US

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: \_\_\_\_\_

01/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LARSON, SHARON  
Address: 2411 115TH TERRACE EAST  
City-St-Zip: PARRISH, FL 34219

Title: VPD ( ) Delete  
Name: SEAMAN, KELLY  
Address: 2421 15TH STREET W  
City-St-Zip: PALMETTO, FL 34221

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LARSON, SHARON  
Address: 5514 N ORMONDO WAY  
City-St-Zip: LITCHFIELD PARK, AZ 85340

Title: VPD (X) Change ( ) Addition  
Name: SEAMAN, KELLY  
Address: 24229 IONA AVE  
City-St-Zip: MORRISTOWN, MN 55052

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: SHARON LARSON

PD

01/15/2008

Electronic Signature of Signing Officer or Director

Date