

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S86626

FILED
Apr 27, 2012
Secretary of State

Entity Name: CAPITAL RETIREMENT PLAN SERVICES, INC.

Current Principal Place of Business:

822 A1A N., STE 211
PONTE VEDRA BCH, FL 32082 US

New Principal Place of Business:

822 A1A N., STE 211
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

P. O. BOX 2349
PONTE VEDRA, FL 320042349 US

New Mailing Address:

FEI Number: 59-3092339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERNER, TIM
822 A1A N., STE 211
PONTE VEDRA BCH, FL 32082 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

OFFICERS AND DIRECTORS:

Title: D
Name: FAJANS, ROBERT G
Address: 822 A1A N., STE 211
City-St-Zip: PONTE VEDRA BCH, FL 32082 US

Title: DP
Name: WERNER, TIMOTHY G
Address: 822 A1A N., STE 211
City-St-Zip: PONTE VEDRA BCH, FL 32082 US

Title: DVP
Name: SWAIN, PATRICIA F
Address: 822 A1A N., STE 211
City-St-Zip: PONTE VEDRA BCH, FL 32082 US

Title: DVP
Name: SWAIN, JOHN R
Address: 822 A1A N., STE 211
City-St-Zip: PONTE VEDRA BCH, FL 32082 US

Title: DEVP
Name: WERNER, SUZANNE F
Address: 822 A1A N., STE 211
City-St-Zip: PONTE VEDRA BCH, FL 32082 US

I hereby 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 all other like empowered.

SIGNATURE: TIM WERNER

_____ Electronic Signature of Signing Officer or Director

DP

04/27/2012

_____ Date