

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 488635

FILED
Feb 11, 2009
Secretary of State

Entity Name: PENSION FINANCIAL CONSULTANTS, INC.

Current Principal Place of Business:

271 FIRST AVE. NORTH
NAPLES, FL 33940

New Principal Place of Business:

Current Mailing Address:

271 FIRST AVE. NORTH
NAPLES, FL 33940

New Mailing Address:

FEI Number: 59-1647910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, PATRICIA
271 1 AVE NORTH
NAPLES, FL 33940 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: D () Delete
Name: LEWALLEN, STEPHEN B,
Address: 271 1ST AVE NORTH
City-St-Zip: NAPLES, FL

Title: PST () Delete
Name: LEWALLEN, STEPHEN B,
Address: 271 1ST AVE NORTH
City-St-Zip: NAPLES, FL

Title: VP (X) Delete
Name: LEWALLEN, SUSAN
Address: 13495 HWY 36 W
City-St-Zip: COTTONWOOD, CA 96022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEWALLEN, STEPHEN B
Address: 271 1ST AVE NORTH
City-St-Zip: NAPLES, FL 33940

Title: PST (X) Change () Addition
Name: LEWALLEN, STEPHEN B
Address: 271 1ST AVE NORTH
City-St-Zip: NAPLES, FL 33940

Title: () Change () Addition
Name:
Address:
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: STEPHEN B. LEWALLEN

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date