

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 30, 2009  
Secretary of State**

DOCUMENT# 502104

Entity Name: COMPLETE PENSION ADMINISTRATION, INC.

**Current Principal Place of Business:**

9831 SUN POINTE DRIVE  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

9831 SUN POINTE DRIVE  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

FEI Number: 59-1708498      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DANIELSON, DIANE  
9831 SUN POINTE DRIVE  
BOYNTON BEACH, FL 33437 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: PD ( ) Delete  
Name: DANIELSON, HERBERT V JR  
Address: 9831 SUN POINTE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: STD ( ) Delete  
Name: DANIELSON, DIANE  
Address: 9831 SUN POINTE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V/D ( ) Delete  
Name: DANIELSON, STEVEN C  
Address: 9831 SUN POINTE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V/D ( ) Delete  
Name: GRANT, LINDA J  
Address: 9831 SUN POINTE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V/D (X) Delete  
Name: DANIELSON, JOHN C  
Address: 9831 SUN POINTE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HERBERT V DANIELSON

PRES

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date