2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004249

NUZZO, JAMES L

SARASOTA, FL 34231

3231 GULF GATE DRIVE, SUITE 204

Name:

Address:

City-St-Zip:

Entity Name: THE CHURCHPLAZA COMPANIES, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3231 GULF GATE DRIVE SUITE 204 SARASOTA, FL 34231 **New Mailing Address: Current Mailing Address:** 3231 GULF GATE DRIVE SUITE 204 SARASOTA, FL 34231 FEI Number: 65-1025737 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: MCELHENY, THOMAS J 3231 GULF GATE DRIVE SUITE 204 SARASOTA, FL 34231 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: () Change () Addition MCELHENY, THOMAS J Name: Name: 3231 GULF GATE DRIVE, SUITE 204 Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: COBURN, THEODORE J JR. Name: 3231 GULF GATE DRIVE, SUITE 204 Address: Address: SARASOTA, FL 34231 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition LUPER, ALBERT R Name: Name: 3231 GULF GATE DRIVE, SUITE 204 Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS J. MCELHENY CEO 03/19/2009