## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000004075

Entity Name: FACTORY PILOTS PLUS, INC.

FILED Feb 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6542 HYPOLUXO RD., STE 285 LAKE WORTH, FL 33467 6586 HYPOLUXO RD., STE 285 LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

6542 HYPOLUXO RD., STE 285 LAKE WORTH, FL 33467 6586 HYPOLUXO RD., STE 285 LAKE WORTH, FL 33467

FEI Number: 65-1103064 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:

ANDERSON, SUSAN
6542 HYPOLUXO RD., STE 285
LAKE WORTH, FL 33467 US
ANDERSON, SUSAN
6586 HYPOLUXO RD., STE 285
LAKE WORTH, FL 33467 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: 02/23/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete

 Name:
 ANDERSON, S.C.

 Address:
 6542 HYPOLUXO RD., STE 285

 City-St-Zip:
 LAKE WORTH, FL 33467

Title: PST () Delete

Name: ANDERSON, S.C.

Address: 6542 HYPOLUXO RD., STE 285 City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition

Name: ANDERSON, S.C.

Address: 6586 HYPOLUXO RD., STE 285 City-St-Zip: LAKE WORTH, FL 33467

Title: PST (X) Change ( ) Addition

Name: ANDERSON, S.C.

Address: 6586 HYPOLUXO RD., STE 285 City-St-Zip: LAKE WORTH, FL 33467

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: SUSAN ANDERSON P/C 02/23/2008