## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005244

Entity Name: PRICESTER.COM, INC.

FILED Jun 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 303	YWOOD BLVE OD, FL 33021	).			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 303	YWOOD BLVE OD, FL 33021	).			
FEI Number:	41-2137356	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:	
STARK, NELSON 5555 HOLLYWOOD BLVD. SUITE 303 HOLLYWOOD, FL 33021 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:					
	Electroni	Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PURDON, RAYM	OD BLVD. SUITE 303	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DILLON, EDWAF	OD BLVD. SUITE 303	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DILLON, EDWAF	OD BLVD. SUITE 303	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STARK, NELŠÓN	OD BLVD. SUITE 303	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NEU, HOWARD	Delete OD BLVD. SUITE 303 L 33021	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STARK, NELSON	OD BLVD. SUITE 303	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: NELSON STARK S 06/16/2009