

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003399

Entity Name: REGIONALHELPWANTED.COM, INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

1 CIVIC CENTER PLAZA STE 506
POUGHKEEPSIE, NY 12601

New Principal Place of Business:

Current Mailing Address:

1 CIVIC CENTER PLAZA STE 506
POUGHKEEPSIE, NY 12601

New Mailing Address:

FEI Number: 14-1820904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: STRAUS, ERIC P
Address: 48 MULBERRY STREET
City-St-Zip: RHINEBECK, NY 12572

Title: CFO () Delete
Name: SCHWARTZ, DEBRA
Address: 3531 ROUTE 82
City-St-Zip: MILLBROOK, NY 12545

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TANSEY, MICHAEL
Address: 9100 E. PANORAMA DRIVE, STE 200
City-St-Zip: ENGLEWOOD, CO 80112

Title: D (X) Change () Addition
Name: COLODNY, MARK
Address: 466 LEXINGTON AVE. 10TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: D () Change (X) Addition
Name: SADRIAN, JUSTIN
Address: 466 LEXINGTON AVE. 10TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: S () Change (X) Addition
Name: BAER, ROBERT
Address: 9100 E. PANORAMA DR., STE 200
City-St-Zip: ENGLEWOOD, CO 80112

Title: T () Change (X) Addition
Name: THOMPSON, CURTIS
Address: 353 BERE ROAD
City-St-Zip: WALDEN, NY 12586

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: CURTIS THOMPSON

T

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date