

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004023

FILED
Mar 23, 2009
Secretary of State

Entity Name: PLENTY INTERNATIONAL, INC.

Current Principal Place of Business:

25031 SW 129 COURT
PRINCETON, FL 33032

New Principal Place of Business:

Current Mailing Address:

25031 SW 129 COURT
PRINCETON, FL 33032

New Mailing Address:

FEI Number: 23-7432298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BANNON, PATRICIA M DR.
25031 S.W. 129TH CT
PRINCETON, FL 33032 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: DR. () Delete
Name: O'BANNON, PATRICIA M DR.
Address: 25031 SW 129 COURT
City-St-Zip: PRINCETON, FL 33032

Title: D () Delete
Name: KEATING, JEFF
Address: 8952 S.W. 52ND STREET
City-St-Zip: COOPER CITY, FL 33328

Title: PBD () Delete
Name: WARTINGER, LISA
Address: 22 HARPER ROAD
City-St-Zip: SALINAS, CA 93908

Title: D () Delete
Name: HEIKKALA, KAREN
Address: 502 ARBOR LANE
City-St-Zip: AUSTIN, TX 78745

Title: TBD () Delete
Name: NELSON, CAROL
Address: 107 DRAKES LANE
City-St-Zip: SUMMERTOWN, TN 38483

Title: EDBD () Delete
Name: SCHWEITZER, PETER
Address: P.O. BOX 394
City-St-Zip: SUMMERTOWN, TN 38483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BD (X) Change () Addition
Name: O'BANNON, PATRICIA M DR.
Address: 25031 SW 129 COURT
City-St-Zip: PRINCETON, FL 33032

Title: BD (X) Change () Addition
Name: COOK, TOM
Address: P.O. BOX 394
City-St-Zip: SUMMERTOWN, TN 38483

Title: VPBD (X) Change () Addition
Name: WARTINGER, LISA
Address: 22 HARPER ROAD
City-St-Zip: SALINAS, CA 93908

Title: PBD (X) Change () Addition
Name: HEIKKALA, KAREN
Address: 502 ARBOR LANE
City-St-Zip: AUSTIN, TX 78745

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MELISE O'BANNON

DR.

03/23/2009

Electronic Signature of Signing Officer or Director

Date