## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000116953

Entity Name: PLUM TREE SOLUTIONS, INC.

FILED Apr 17, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	LWOOD RD. -AINS, NY 106	603		2855 S CONGRESS AVE, SUITE A DELRAY BEACH, FL 33445	
Current M	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
399 KNOLLWOOD RD. WHITE PLAINS, NY 10603			2855 S CONGRESS AVE, SUITE A DELRAY BEACH, FL 33445		
FEI Number: 65-1096145		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:		
201	MARK C T COMMERCI ERDALE, FL				
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LOEWENSTER 18105 LONG L	AKE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zin:	HYMOWITZ, M 4 CAYUGA TR	AIL	Title: Name: Address: City-St-Zin:	( ) 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: ELLIOT LOEWENSTERN CEO 04/17/2009