

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040463

Entity Name: PLUM CONSULTANTS, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

8199 HORSESHOE BAY RD
BOYNTON BEACH, FL 33437

New Principal Place of Business:

8199 HORSESHOE BAY RD
BOYNTON BEACH, FL 33472

Current Mailing Address:

8199 HORSESHOE BAY RD
BOYNTON BEACH, FL 33437

New Mailing Address:

8199 HORSESHOE BAY RD
BOYNTON BEACH, FL 33472

FEI Number: 51-0464483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, PETER
8199 HORSESHOE BAY RD
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

FRIEDMAN, PETER
8199 HORSESHOE BAY RD
BOYNTON BEACH, FL 33472 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:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FRIEDMAN, PETER
Address: 8199 HORSESHOE BAY RD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: FRIEDMAN, JUDITH
Address: 8199 HORSESHOE BAY RD
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: FRIEDMAN, PETER
Address: 8199 HORSESHOE BAY RD
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP (X) Change () Addition
Name: FRIEDMAN, JUDITH
Address: 8199 HORSESHOE BAY RD
City-St-Zip: BOYNTON BEACH, FL 33472

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: PETER FRIEDMAN

PS

01/19/2009

Electronic Signature of Signing Officer or Director

Date