FILED
May 13, 2004 8:00 am
Secretary of State

04-21-2004 90010 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000077553

1. Entity Name
PLUME, INC.

Principal Place of Business	Mailing Address
C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN RD STE 30 JUPITER, FL 33458	C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN RD STE 30 JUPITER, FL 33458

66421472

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 200097183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUMSON, RICHARD P C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN RD STE 30 JUPITER, FL 33458	Name CATHERINE FRANCIS Street Address (P.O. Box Number is Not Acceptable) C/O PLUME INC 323 WORTH AVE #4 City Palm Beach FL Zip Code 33480

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] CATHERINE F. FRANCIS 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, CATHERINE 5983 GOLDEN EAGLE CIR PALM BCH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CATHERINE F FRANCIS (561)655-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #