



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90118 032 \*\*\*150.00

<b>DOCUMENT # P03000077553</b>					
<b>1. Entity Name</b> <b>PLUME, INC.</b>					
<b>Principal Place of Business</b> C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN RD STE 30 JUPITER, FL 33458			<b>Mailing Address</b> C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN RD STE 30 JUPITER, FL 33458		
<b>2. Principal Place of Business</b> PLUME Inc Suite, Apt. #, etc. 323 WORTH AVE #4 City & State Palm Beach FL Zip 33480 Country P.B.		<b>3. Mailing Address</b> PLUME Inc Suite, Apt. #, etc. 323 WORTH AVE #4 City & State Palm Beach FL Zip 33480 Country P.B.			
<b>4. FEI Number</b> 20-0097183		03152006    Chg-P    CR2E034 (11/05)			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>			
<b>6. Name and Address of Current Registered Agent</b> FRANCIS, CATHERINE C/O PLUME INC 323 WORTH AVE #4 PALM BEACH, FL 33480			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, CATHERINE 5983 GOLDEN EAGLE CIR PALM BCH GARDENS, FL 33410		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Catherine F Francis</i> <i>3/15/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					