## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000113454

City-St-Zip:

Entity Name: OUR TOWN AMERICA, A FRANCHISING CORPORATION

FILED Apr 18, 2009 Secretary of State

Littly Nan	ie. OUR IO	WIN AMERICA, A FRANCHISIN	IG CORF	ORATION			
Current Principal Place of Business:				New Principal Place of Business:			
3845 GATEWAY CENTRE BLVD STE 300 PINELLAS PARK, FL 33782				3845 GATEWAY CENTRE BLVD 300 PINELLAS PARK, FL 33782 US			
Current Mailing Address:				New Mailing Address:			
3845 GATEWAY CENTRE BLVD STE 300 PINELLAS PARK, FL 33782				3845 GATEWAY CENTRE BLVD STE 300 300 PINELLAS PARK, FL 33782 US			
FEI Number: 14-1914818 FEI Number Applied For ( ) FEI Number			nber Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PLUMMER, MICHAEL M SR 3845 GATEWAY CENTRE BLVD STE 300 PINELLAS PARK, FL 33782 US				PLUMMER, MICHAEL M PRES 3845 GATEWAY CENTRE BLVD STE 300 STE 300 PINELLAS PARK, FL 33782 US			
The above in the State	named entity of Florida.	submits this statement for the p	urpose o	f changing i	ts registere	ed office or registered agent, or bot	:h,
SIGNATURE: MICHAEL PLUMMER SR				04/18/2009			
Electronic Signature of Registered Agent				Date			
Election Carr	npaign Financir	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PLUMMER, MI 5339 62ND AV	) Delete CHAEL L MICHAEL 'E S SBURG, FL 33715 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	5339 62ND	() Change (X) Addition , CAROLYN J VP ) AVENUE SOUTH (SBURG, FL 33715	
Title: Name: Address:	(	) Delete		Title: Name: Address:		() Change (X) Addition , TRAVIS M TREAS EWAY CENTRE BLVD. # 300	

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.

City-St-Zip:

PINELLAS PARK, FL 33782

SIGNATURE: MICHAEL PLUMMER PRES 04/18/2009