2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000041141

1. Entity Name
401K MAXIMIZER, INC.

Principal Place of Business	Mailing Address
425 SHERWOOD FOREST DR DELRAY BEACH, FL 33445	425 SHERWOOD FOREST DR DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

01062008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4295100

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIBSON, SCOTT
425 SHERWOOD FOREST DR
DELRAY BEACH, FL 33445

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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 Scott Gibson 1/8/08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELSNER, GARY
STREET ADDRESS	% 425 SHERWOOD FOREST DR
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	CEO
NAME	GIBSON, SCOTT
STREET ADDRESS	% 425 SHERWOOD FOREST DR
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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01/16/08-80011-024-150.00

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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.

SIGNATURE: Scott Gibson 1/8/08 9549469751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #