


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90052 024 \*\*\*150.00

<b>DOCUMENT # P05000164962</b>	
1. Entity Name <b>PLAN V CORP.</b>	

Principal Place of Business <b>911 LITTLE BEND RD. ALTAMONTE SPRINGS, FL 32714 US</b>	Mailing Address <b>911 LITTLE BEND RD. ALTAMONTE SPRINGS, FL 32714 US</b>
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2. Principal Place of Business - No P.O. Box # <b>911 Little Bend Rd.</b>	3. Mailing Address <b>911 Little Bend Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ALTAMONTE SPRINGS, FL</b>	City & State <b>ALTAMONTE SPRINGS, FL</b>
Zip <b>32714</b>	Country <b>USA</b>
Zip <b>32714</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>CARAMES, CARLOS A 6278 RENAISSANCE POINTE APT. #106 ALTAMONTE SPRINGS, FL 32714</b>	
7. Name and Address of New Registered Agent Name <b>CARAMES, CARLOS A</b> Street Address (P.O. Box Number is Not Acceptable) <b>911 LITTLE BEND RD</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32714</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.

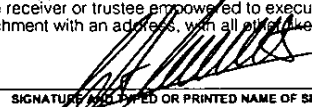
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **01-31-07**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARAMES, CARLOS A 628 RENAISSANCE POINTE #106 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARAMES, CARLOS A 911 LITTLE BEND RD. ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 authority empowered.

SIGNATURE:  **01-31-07** **407-416-8492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**40098450**



01312007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3977826</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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