

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100651

Entity Name: PLANSTAR INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

5514 N ORMONDO WAY
LITCHFIELD PARK, AZ 85340

New Principal Place of Business:

4431 N CONDA CT
LITCHFIELD PARK, AZ 85340

Current Mailing Address:

5514 N ORMONDO WAY
LITCHFIELD PARK, AZ 85340

New Mailing Address:

4431 N CONDA CT
LITCHFIELD PARK, AZ 85340

FEI Number: 20-5319172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, SHARON
5514 N ORMONDO WAY
LITCHFIELD PARK, FL 85340 US

Name and Address of New Registered Agent:

LARSON, SHARON
5719 22ND ST W
BRADENTON, FL 34207 US

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.

SIGNATURE: SHARON LARSON

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LARSON, SHARON
Address: 5514 N ORMONDO WAY
City-St-Zip: LITCHFIELD PARK, AZ 85340

Title: VPD () Delete
Name: SEAMAN, KELLY
Address: 24229 IONA AVE
City-St-Zip: MORRISTOWN, MN 55052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LARSON, SHARON
Address: 4431 N CONDA CT
City-St-Zip: LITCHFIELD PARK, AZ 85340

Title: VPD (X) Change () Addition
Name: SEAMAN, KELLY
Address: 13445 W RHINE LANE
City-St-Zip: LITCHFIELD PARK, AZ 85340

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.

SIGNATURE: SHARON LARSON

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date