2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 17, 2008
Secretary of State

DOCUMENT# P06000138123

Entity Name: PLAN FIRST FINANCIAL SOLUTIONS MARKETING CORP.

Current Principal Place of Business:

14100 58TH STREET NORTH
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

14100 58TH STREET NORTH
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 20-5831413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIRNBAUM, ROBBY
GREENSPOON MARDER, P.A.
100 W. CYPRESS CREEK RD., SUITE 700
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S/D ( ) Delete
Name: SORENSEN, JUDITH R
Address: 14100 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: P/D ( ) Delete
Name: DEPERGOLA, THOMAS J
Address: 14100 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: T/D ( ) Delete
Name: WALKER, THOMAS G
Address: 14100 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: V/D ( ) Delete
Name: HARRIS, MICHAEL W
Address: 14100 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: O/D (X) Delete
Name: BURNS, DAVID A
Address: 14100 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: HARRIS, MICHAEL W
Address: 14100 58TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: P/D (X) Change ( ) Addition
Name: DEPERGOLA, THOMAS J
Address: 14100 58TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: STOD (X) Change ( ) Addition
Name: WALKER, THOMAS G
Address: 14100 58TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: COOD (X) Change ( ) Addition
Name: BURNS, DAVID A
Address: 14100 58TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS G WALKER STOD 07/17/2008
Electronic Signature of Signing Officer or Director Date