


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2007 8:00 am**  
**Secretary of State**

08-03-2007 90020 049 \*\*\*150.00

<b>DOCUMENT # P06000156276</b>	
1. Entity Name <b>BUYERSPLUS ADVERTISING, INC.</b>	

Principal Place of Business <b>6405 SAN MICHEL WAY DELRAY BEACH, FL 33484</b>	Mailing Address <b>6405 SAN MICHEL WAY DELRAY BEACH, FL 33484</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <b>SAME</b>	Suite, Apt. #, etc. <b>SAME</b>
City & State	City & State
Zip	Country

40120100



07262007 Chg-P CR2E034 (12/06)

4. FSI Number <b>41-2222 095</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>KRAMER, TRUDY 6405 SAN MICHEL WAY DELRAY BEACH, FL 33484</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, TRUDY 6405 SAN MICHEL WAY DELRAY BEACH, FL 33484 <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 other like empowered.

**SIGNATURE** Trudy Kramer **Trudy Kramer** 7/28/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40128102

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## 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

**\*\* This information cannot be changed on the report \*\***

**Document Number** P06000156276

**Business Entity Name** BUYERSPLUS ADVERTISING, INC.

**Original File Date** 12/22/2006

**FBI Number**

**Principal Address** 6405 SAN MICHEL WAY  
DELRAY BEACH, FL 33484

**Mailing Address** 6405 SAN MICHEL WAY  
DELRAY BEACH, FL 33484

**Registered Agent** TRUDY KRAMER  
6405 SAN MICHEL WAY  
DELRAY BEACH, FL 33484

### Officer/Director Name And Address

D  
TRUDY KRAMER  
6405 SAN MICHEL WAY  
DELRAY BEACH, FL 33484

- ☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

Continue

*\*To Whom  
It May Concern  
I received no notice,  
Therefore please cancel,  
And Thank you  
Trudy Kramer*