

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003109

FILED
Apr 30, 2009
Secretary of State

Entity Name: P3: PERFECT PROFESSIONAL PLANNING, CORP.

Current Principal Place of Business:

22649 MARSH WREN DRIVE
201
LAND O LAKES, FL 34639

New Principal Place of Business:

22649 MARSH WREN DRIVE
LAND O LAKES, FL 34639

Current Mailing Address:

PO BOX 1014
LAND O LAKES, FL 34639

New Mailing Address:

22649 MARSH WREN DRIVE
LAND O LAKES, FL 34639

FEI Number: 20-8153605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, DEMENE
22649 MARSH WREN DRIVE
LAND O LAKES, FL 33612 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BENJAMIN, DEMENE
Address: P.O. BOX 1014
City-St-Zip: LAND O' LAKES, FL 34639

Title: D () Delete
Name: BENJAMIN, RODNEY
Address: P.O. BOX 1014
City-St-Zip: LAND O' LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DEMENE C. BENJAMIN

PSTD

04/30/2009

Electronic Signature of Signing Officer or Director

Date