

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014756

FILED
Apr 27, 2009
Secretary of State

Entity Name: AMAZING PLANS INC.

Current Principal Place of Business:

88 RIBERIA STREET SUITE 250
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

304 SUMMERCove CIRCLE
ST AUGUSTINE, FL 32086 US

Current Mailing Address:

88 RIBERIA STREET SUITE 250
ST AUGUSTINE, FL 320847374 US

New Mailing Address:

304 SUMMERCove CIRCLE
ST AUGUSTINE, FL 32086 US

FEI Number: 20-8355125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, MARY E
88 RIBERIA STREET SUITE 250
ST AUGUSTINE, FL 320847374 US

Name and Address of New Registered Agent:

HAYNES, MARY E
304 SUMMERCove CIRCLE
ST AUGUSTINE, FL 32086 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: MARY E. HAYNES

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYNES, GUY E
Address: 88 RIBERIA STREET SUITE 250
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: VP () Delete
Name: HAYNES, MARY E
Address: 88 RIBERIA STREET SUITE 250
City-St-Zip: ST AUGUSTINE, FL 320844374 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAYNES, GUY E
Address: 304 SUMMERCove CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: VP (X) Change () Addition
Name: HAYNES, MARY E
Address: 304 SUMMERCove CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32086 US

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: MARY E. HAYNES

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date