2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P08000011461

Entity Name: OPTIONS PLUS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

4549 PHEONIX AVE.
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

4549 PHEONIX AVE.
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 26-1914877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: MARTISSA, MAURO A
Address: 4822 COQUINA KEY DR., SE, APT C
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D (X) Delete
Name: WILLIAMS, TIMOTHY G
Address: 646 WESTVIEW ROAD
City-St-Zip: LARGO, FL 33770

Title: D ( ) Delete
Name: BENNETT, SHARRYN
Address: 4822 COQUINA KEY DR. SE APT C
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MARTISSA, MAURO A
Address: 4549 PHOENIX AVENUE
City-St-Zip: HOLIDAY, FL 34690

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

Title: D (X) Change ( ) Addition
Name: BENNETT, SHARRYN
Address: 4549 PHOENIX AVENUE
City-St-Zip: HOLIDAY, FL 34690

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: MAURO A. MARTISSA D 04/16/2009

Electronic Signature of Signing Officer or Director Date