# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2009**
**Secretary of State**

DOCUMENT# P08000036045

**Entity Name:** RELATIONAL CONSULTANTS, INC.

**Current Principal Place of Business:**

1806 MAIN STREET
VALRICO, FL 33594 US

**New Principal Place of Business:**

**Current Mailing Address:**

1806 MAIN STREET
VALRICO, FL 33594 US

**New Mailing Address:**

**FEI Number: 26-2698274** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOBREN, SHARLEA
1806 MAIN STREET
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

HOBREN, SHARLEA P, T
1806 MAIN STREET
VALRICO, FL 33594 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: SHARLEA HOBREN P. T 03/24/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P, T ( ) Delete
Name: HOBREN, SHARLEA
Address: 1806 MAIN STREET
City-St-Zip: VALRICO, FL 33594 US

Title: VP,S ( ) Delete
Name: HOBREN, MICHAEL
Address: 1806 MAIN STREET
City-St-Zip: VALRICO, FL 33594 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P, T (X) Change ( ) Addition
Name: HOBREN, SHARLEA P, T
Address: 1806 MAIN STREET
City-St-Zip: VALRICO, FL 33594 US

Title: VP,S (X) Change ( ) Addition
Name: HOBREN, MICHAEL VP, S
Address: 1806 MAIN STREET
City-St-Zip: VALRICO, FL 33594 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: SHARLEA HOBREN P, T P, T 03/24/2009
Electronic Signature of Signing Officer or Director Date