

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067786

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: TRU MARKETING ENTERPRISES INC

## Current Principal Place of Business:

6535 S HWY 1792  
FERN PARK, FL 32730

## New Principal Place of Business:

## Current Mailing Address:

111 SPRINGWIND WAY  
CASSELBERRY, FL 32707

## New Mailing Address:

FEI Number: 26-2988077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLECHAS, TRACEY J  
111 SPRINGWIND WAY  
CASSELBERRY, FL 32707 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: P ( ) Delete  
Name: PLECHAS, TRACEY J  
Address: 111 SPRINGWIND WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete  
Name: RICKETTS, RODRIGO  
Address: 111 SPRINGWIND WAY  
City-St-Zip: CASSELBERRY, FL 32707

## 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: RODRIGO RICKETTS

P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date