

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103357

Entity Name: ELEGALPLANS.COM, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

10800 BISCAYNE BLVD.  
SUITE 800  
MIAMI, FL 33161 US

## New Principal Place of Business:

## Current Mailing Address:

10800 BISCAYNE BLVD.  
SUITE 800  
MIAMI, FL 33161 US

## New Mailing Address:

FEI Number: 26-3749480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRIAN J. SAMUELS, P.A.  
10800 BISCAYNE BLVD.  
SUITE 800  
MIAMI, FL 33161 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,D ( ) Delete  
Name: COOPERMAN, BRUCE M  
Address: 3379 SW 49TH STREET  
City-St-Zip: HOLLYWOOD, FL 33312 US

Title: VP,D ( ) Delete  
Name: SAMUELS, BRIAN J  
Address: 2690 EDGEWATER COURT  
City-St-Zip: WESTON, FL 33332 US

Title: VP,D ( ) Delete  
Name: REEBER, TODD E  
Address: 3641 W. BELL DRIVE  
City-St-Zip: DAVIE, FL 33328 US

Title: VP,D ( ) Delete  
Name: RUDOLPH, JASON S  
Address: 966 HARBORVIEW DRIVE SOUTH  
City-St-Zip: HOLLYWOOD, FL 33019 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRIAN J SAMUELS

VP,D

04/28/2009

Electronic Signature of Signing Officer or Director

Date