## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000061363

Entity Name: L.L. PLUM, INC.

Name:

Address:

City-St-Zip:

LEE-SHUE, VINCENT

SEMINOLE, FL 33776

7699 92ND STREET, NORTH

FILED Apr 25, 2007 Secretary of State

Littly Nai	ille. L.L. FL	JIVI, IIAC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10425 PAF SEMINOLE	RK BLVD. E, FL 33772				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
10425 PAF SEMINOLE	RK BLVD. E, FL 33772				
FEI Number:	: 59-3198865	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
10425 PAF SEMINOLE The above	E, FL 33772 named entite of Florida.	US y submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LEE-SHUE, F	BOULEVARD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LAI, LENNY	( ) Delete ORAGE CIRCLE FL 33776	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	Т	( ) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LENNY LAI CPS 04/25/2007