

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056565

FILED  
May 18, 2009  
Secretary of State

Entity Name: REPLACEMENT CONSULTANTS, INC.

## Current Principal Place of Business:

462 CROMPTON ST  
CHARLOTTE, NC 28273 US

## New Principal Place of Business:

## Current Mailing Address:

2953 W CYPRESS CREEK RD  
101  
FORT LAUDERDALE, FL 33309 US

## New Mailing Address:

462 CROMPTON ST  
CHARLOTTE, NC 28273 US

FEI Number: 65-0764474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PASSARIELLO, JOHN  
2953 W. CYPRESS CREEK RD, STE. 101  
FORT LAUDERDALE, FL 33309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBBINS, MARC  
Address: 6601 LYONS ROAD D10  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VPTD ( ) Delete  
Name: SIVO, TOM  
Address: 6601 LYONS ROAD D10  
City-St-Zip: COCONUT CREEK, FL 33073 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROBBINS, MARC  
Address: 462 CROMPTON STREET  
City-St-Zip: CHARLOTTE, NC 28273 US

Title: VPTD (X) Change ( ) Addition  
Name: SIVO, TOM  
Address: 462 CROMPTON STREET  
City-St-Zip: CHARLOTTE, NC 28273 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: MELODY GONZALEZ

MNGR

05/18/2009

Electronic Signature of Signing Officer or Director

Date