

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063113

FILED
Jan 28, 2009
Secretary of State

Entity Name: RETIREMENT PLAN SPECIALISTS, INC.

Current Principal Place of Business:

815 EYRIE DRIVE
SUITE 4
OVIEDO, FL 32765 US

Current Mailing Address:

PO BOX 622857
OVIEDO, FL 327622857 US

New Principal Place of Business:

815 EYRIE DRIVE
SUITE 2
OVIEDO, FL 32765 US

New Mailing Address:

815 EYRIE DRIVE
SUITE 2
OVIEDO, FL 32765 US

FEI Number: 59-3458014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, SANDRA R
91 TARPON CIRCLE
WINTER SPRINGS, FL 32708 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: DPST () Delete
Name: TURNER, SANDRA R
Address: 815 EYRIE DRIVE SUITE 4
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: SPARKS, JEFFREY T
Address: 815 EYRIE DRIVE SUITE 4
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: CONRAD, JUDY
Address: 815 EYRIE DRIVE SUITE 4
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: TURNER, SANDRA R
Address: 815 EYRIE DRIVE SUITE 2
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change () Addition
Name: SPARKS, JEFFREY T
Address: 815 EYRIE DRIVE SUITE 2
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change () Addition
Name: CONRAD, JUDY
Address: 815 EYRIE DRIVE SUITE 2
City-St-Zip: OVIEDO, FL 32765

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: SANDRA R. TURNER

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date