2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# 334819

Entity Name: BEN-TAM, INC.

Current Principal Place of Business:

WILLIAM SHIFINO MANGIONE & STEADY, PA
ONE TAMPA CITY CENTER #2600
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

WILLIAM SHIFINO MANGIONE & STEADY, PA
ONE TAMPA CITY CENTER #2600
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-1221036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIFINO, WILLIAM J
201 NORTH FRANKLIN
ONE TAMPA CITY CENTER, #2600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SCHIFINO, WILLIAM J SR.
201 NORTH FRANKLIN
ONE TAMPA CITY CENTER, #2600
TAMPA, FL 33602 US

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: /S/ WILLIAM J. SCHIFINO, SR. 03/02/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROMANO, DEBRA
Address: ONE TAMPA CITY CENTER, STE 2600
City-St-Zip: TAMPA, FL 336025816

Title: D ( ) Delete
Name: SCHIFINO, DAVID M
Address: ONE TAMPA CITY CENTER, STE 2600
City-St-Zip: TAMPA, FL 336025816

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 for the exemption stated in Section 119.07(3)(i), 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: /S/ DAVID M. SCHIFINO D 03/02/2005
Electronic Signature of Signing Officer or Director — Date