2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007259

Entity Name: BENEFIT CONSULTANTS GROUP, INC.

FILED Apr 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 600 DELRAN PARKWAY, SUITE B DELRAN, NJ 08075 **Current Mailing Address: New Mailing Address:** P.O. BOX 405 **RIVERTON, NJ 080770405** FEI Number: 23-2383285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNROE, W. BRADLEY ESQUIRE 239 E. VIRGINIA STREET TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PAGLIONE, ROBERT Name: Name: 600 DELRAN PARKWAY, SUITE B Address: Address: City-St-Zip: DELRAN, NJ 08075 City-St-Zip: Title: Title: DST () Delete () Change () Addition Name: PAGLIONE, CAROL Name: 600 DELRAN PARKWAY, SUITE B Address: Address: DELRAN, NJ 08075 City-St-Zip: City-St-Zip: Title: () Delete Title: **FVP** () Change (X) Addition SOKOLIC, STEPHEN Name: Name: 600 DELRAN PARKWAY, SUITE B Address Address: City-St-Zip: City-St-Zip: DELRAN, NJ 08075 Title: () Delete Title: COO () Change (X) Addition ARROYO, JORGE Name: Name: Address: Address: 600 DELRAN PARKWAY, SUITE B City-St-Zip: City-St-Zip: DELRAN, NJ 08075 Title: Title: () Change (X) Addition () Delete Name: Name: PAGLIONE, ADAM Address: 600 DELRAN PARKWAY, SUITE B Address: City-St-Zip: City-St-Zip: DELRAN, NJ 08075 Title: () Delete Title: () Change (X) Addition Name: Name: ADAMS, BEAU 600 DELRAN PARKWAY, SUITE B Address: Address: City-St-Zip: City-St-Zip: DELRAN, NJ 08075

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN SOKOLIC EVP 04/10/2006 Date