


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 27, 2006 08:00 AM  
Secretary of State**

DOCUMENT # F96000003867  
1. Entity Name  
BENEFIT SERVICES, INC. OF OHIO



Principal Place of Business 3636 COPLEY ROAD PO BOX 4138 COPLEY, SUMMIT COUNTY, OH 44321	Mailing Address 3636 COPLEY ROAD PO BOX 4138 AKRON, OH 44321 US
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03152006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-1785445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
FRAZIER, ROBERT C SR  
5220 BRITTANY DRIVE  
SUITE 5 AP 304  
SAINT PETERSBURG, FL 33715

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000481589 04/11/06-80038-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO FRAZIER, ROBERT C SR 5220 BRITTANY DR, STE 5 APT 304 SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAZIER, CONSTANCE M PD 3286 EDINGTON ROAD FAIRLAWN, OH 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV NEWBAUER, JEROME 1479 KARL DRIVE AKRON, OH 44321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRAZIER, KATHLEEN M 4432 RIDGEWOOD ROAD AKRON, OH 44321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCDV FRAZIER, ROBERT C JR 22349 LA PALMA AVE, #D-110 YORBA LINDA, CA 92687
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. Frazier ROBERT C. FRAZIER 03/22/06 330-666-0337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #