2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006657

Entity Name: FOR YOUR BENEFITS, INC.

FILED Jan 06, 2004 Secretary of State

808 SHANGRA LA DR. SEFFNER, FL 33584

Current Mailing Address: New Mailing Address:

808 SHANGRA LA DR. SEFFNER, FL 33584

FEI Number: 59-3696481 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:

STUMP, GARY STUMP, PENNY C 808 SHÁNGRA LA DR. 808 SHÁNGRA LA DR. SEFFNER, FL 33584 SEFFNER, FL 33584

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: PENNY C STUMP 01/06/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD () Delete Title: (X) Change () Addition STUMP, GARY STUMP, MATTHEW G Name: Name: 808 SHANGRA LA DR. 808 SHANGRA LA DR. Address: Address: City-St-Zip:

SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584

Title: PSD Title: PSTD () Delete (X) Change () Addition Name: STUMP, PENNY Name: STUMP, PENNY 808 SHANGRA LA DR. Address: 808 SHANGRA LA DR. Address: SEFFNER, FL 33584 SEFFNER, FL 33584 City-St-Zip: 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.

Ρ SIGNATURE: PENNY C STUMP 01/06/2004