2007 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Apr 30, 2007 08:00 Al Secretary of State DOCUMENT # P01000048064 1. Entity Name FIDELITY FINANCIAL BENEFITS GROUP, INC. Principal Place of Business Mailing Address 4532 W. KENNEDY BOULEVARD POST OFFICE BOX 20082 TAMPA, FL 33633 US TAMPA, FL 33609-2042 US 04272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3717822 \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent SELLAS, JOHN A DO NOT WRITE 4532 W. KENNEDY BLOUVARD IN THIS SPACE TAMPA, FL 33609 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000742871 05/15/07-80087-001 150.00

Applied For

Not Applicable

10. OFFICERS AND DIRECTORS TITLE

> SELLAS, JOHN 4532 W KENNEDY BLVD #281 TAMPA, FL 33609

TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #