

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114732

FILED
May 23, 2006
Secretary of State

Entity Name: PREMIUM HEALTH BENEFITS, INC.

Current Principal Place of Business:

1501 NORTHPOINT PKWY SUITE 100
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1501 NORTHPOINT PKWY SUITE 100
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 11-3659722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, WILLIAM E
1501 NORTHPOINT PKWY SUITE 100
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:	P	() Delete
Name:	PATEL, AJIT	
Address:	1501 NORTHPOINT PKWY SUITE 100	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	VP	() Delete
Name:	HUDSON, WILLIAM E	
Address:	1501 NORTHPOINT PKWY SUITE 100	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	S	() Delete
Name:	SKOLA, THOMAS J	
Address:	1001 BRICKELL BAY DRIVE, SUITE 150	
City-St-Zip:	MIAMI, FL 33131	
Title:	T	() Delete
Name:	HUDSON, WILLIAM E	
Address:	1501 NORTHPOINT PKWY SUITE 100	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	() Delete
Name:	PATEL, AJIT	
Address:	1501 NORTHPOINT PKWY SUITE 100	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	() Delete
Name:	PATEL, RAKESH	
Address:	1501 NORTHPOINT PKWY SUITE 100	
City-St-Zip:	WEST PALM BEACH, FL 33407	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
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 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: WILLIAM HUDSON

VP

05/23/2006

Electronic Signature of Signing Officer or Director

Date