

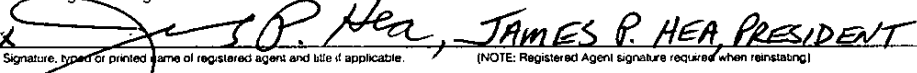



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90050 024 ***150.00

DOCUMENT # P03000065588					
1. Entity Name RESOURCE BENEFITS, INC.					
Principal Place of Business 130 SOUTH UNIVERSITY DRIVE SUITE - E PLANTATION, FL 33324			Mailing Address 130 SOUTH UNIVERSITY DRIVE SUITE - E PLANTATION, FL 33324		
2. Principal Place of Business		3. Mailing Address		 01182005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. SUITE "E"		Suite, Apt. #, etc. SUITE "E"			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 77-0601965	Applied For Not Applicable
6. Name and Address of Current Registered Agent HEA, JAMES P 130 SOUTH UNIVERSITY DRIVE SUITE - E PLANTATION, FL 33324				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name HEA, JAMES P.				Applied For	
Street Address (P.O. Box Number is Not Acceptable) SUITE "E"				Not Applicable	
City FL				Zip Code	
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:  JAMES P. HEA, PRESIDENT 03/14/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	<input type="checkbox"/> Delete	TITLE D/P/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME HEA, JAMES P		NAME			
STREET ADDRESS 9130 NW 11TH COURT		STREET ADDRESS			
CITY-ST-ZIP PLANTATION, FL 33322		CITY-ST-ZIP			
TITLE DV	<input type="checkbox"/> Delete	TITLE D/V/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME DIPIETRO, EMELIO J		NAME			
STREET ADDRESS 3116 NE 40TH COURT		STREET ADDRESS			
CITY-ST-ZIP FORT LAUDERDALE, FL 33308		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  JAMES P. HEA 03/14/2005 (954) 496-4300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					