

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065588

FILED
Apr 01, 2009
Secretary of State

Entity Name: RESOURCE BENEFITS, INC.

Current Principal Place of Business:

130 SOUTH UNIVERSITY DRIVE
SUITE
PLANTATION, FL 333243347 US

New Principal Place of Business:

130 SOUTH UNIVERSITY DRIVE
SUITE E
PLANTATION, FL 333243347 US

Current Mailing Address:

130 SOUTH UNIVERSITY DRIVE
SUITE
PLANTATION, FL 333243347 US

New Mailing Address:

130 SOUTH UNIVERSITY DRIVE
SUITE E
PLANTATION, FL 333243347 US

FEI Number: 77-0601965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEA, JAMES P DPT
130 SOUTH UNIVERSITY DRIVE
SUITE
PLANTATION, FL 333243347 US

Name and Address of New Registered Agent:

HEA, JAMES P DPT
130 SOUTH UNIVERSITY DRIVE
SUITE E
PLANTATION, FL 333243347 US

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: _____

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HEA, JAMES P DPT
Address: 9130 NW 11TH COURT
City-St-Zip: PLANTATION, FL 333224902 US

Title: DVS () Delete
Name: DIPIETRO, EMILIO J DVS
Address: 3116 NE 40TH COURT
City-St-Zip: FORT LAUDERDALE, FL 333086414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JAMES P HEA

DPT

04/01/2009

Electronic Signature of Signing Officer or Director

Date