2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P04000162354

Entity Name: EMPLOYEE BENEFIT PLANS, INC.

Current Principal Place of Business:

3275 S JOHN YOUNG PKWY STE #229
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

3275 S JOHN YOUNG PKWY STE #229
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLLISON, URSULA
3275 S JOHN YOUNG PKWY STE #229
KISSIMMEE, FL 34746 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MOLLISON, URSULA
Address: 3275 S JOHN YOUNG PKWY STE #229
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: MOLLISON, URSULA
Address: 3275 S JOHN YOUNG PKWY STE #229
City-St-Zip: KISSIMMEE, FL 34746

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: URSULA MOLLISON VP 04/30/2006

Electronic Signature of Signing Officer or Director — Date