2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State
02-06-2006 90057 028 ***150.00

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1. Entity Name
FELDMAN BENEFIT SERVICES, INC.

Principal Place of Business	Mailing Address
15984 BRIER CREEK DRIVE DELRAY BEACH, FL 33446	15984 BRIER CREEK DRIVE DELRAY BEACH, FL 33446

01312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		871 Mountain Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 120	
City & State		City & State Springfield, NJ	
Zip	Country	Zip 07081	Country USA

4. FEI Number 26-0111811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, ELISE
15984 BRIER CREEK DRIVE
DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 ____________________
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, ELISE 15984 BRIER CREEK DRIVE DELRAY BEACH, FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRNBAUM, SHARON 871 MOUNTAIN AVENUE SPRINGFIELD, NJ 07081	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 address, with all other like empowered.

SIGNATURE: Sharon J. Birnbaum 2/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #