


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000132550</b>	
1. Entity Name <b>SECURITY BENEFITS GROUP INC.</b>	

Principal Place of Business <b>12515 N KENDALL DRIVE #314 MIAMI, FL 33186</b>	Mailing Address <b>12515 N KENDALL DRIVE #314 MIAMI, FL 33186</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-5812482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8 75 Additional Fees Required</b>

6. Name and Address of Current Registered Agent

**HALLER, KENNETH M  
12515 N KENDALL DRIVE #314  
MIAMI, FL 33186**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer (appropriate) (NOTE: Registered Agent signature required when re/instating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$250.00**

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

U00000933361  
05/28/08-80025-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>SAKHAROFF, RICHARD D 12515 N KENDALL DRIVE #314 MIAMI, FL 33186</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  **4-30-08 561-445-7424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #