2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P93000025084

Entity Name: PAYCHEX BENEFITS OF FLORIDA, INC.

Current Principal Place of Business:

911 PANORAMA TRAIL S.
ROCHESTER, NY 14625 US

New Principal Place of Business:

Current Mailing Address:

911 PANORAMA TRAIL S
ROCHESTER, NY 14625 US

New Mailing Address:

FEI Number: 59-3186406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: STD ( ) Delete
Name: MORPHY, JOHN
Address: 911 PANORAMA TRAIL S
City-St-Zip: ROCHESTER, NY 14625 US

Title: VD ( ) Delete
Name: STOWE, MARTIN
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625 US

Title: D ( ) Delete
Name: FOERY, PAUL
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625 US

Title: D ( ) Delete
Name: SWETMAN, JOANNE
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625 US

Title: PD ( ) Delete
Name: MCBURNEY, ROBERT
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: HILL, CRAIG
Address: 10105 DR MARTIN LUTHER KING JR. ST. N
City-St-Zip: ST. PETERSBURG, FL 33716 US

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: JOHN MORPHY S 04/18/2007

Electronic Signature of Signing Officer or Director — Date