


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**


05-02-2005 90386 047 \*\*\*150.00

<b>DOCUMENT # P99000022455</b> 1. Entity Name <b>ALTERNATIVE BENEFIT CONCEPTS, INC.</b>	
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Principal Place of Business <b>7061 S TAMIAMI TRAIL SUITE 110 SARASOTA, FL 34231-5559</b>	Mailing Address <b>7061 S TAMIAMI TRAIL SUITE 110 SARASOTA, FL 34231-5559</b>
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2. Principal Place of Business <i>845 Coach Lamp Ct</i> Suite, Apt. #, etc.	3. Mailing Address <i>845 Coach Lamp Ct</i> Suite, Apt. #, etc.
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City & State <i>Sanford FL</i>	City & State <i>Sanford FL</i>	4. FEI Number <b>59-3562876</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32771</i>	Country <i>Seminole</i>	Zip <i>32771</i>	Country <i>Seminole</i>



04272005    Chg-P    CR2E034 (10/03)

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>GARDI, LES CPA</b> <b>7061 S TAMIAMI TRAIL SUITE 110</b> <b>SARASOTA, FL 34231-5559</b>	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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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: *Patrick J. Magrady*    **Patrick J. MAGRADY**    *4-27-05*    DATE

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGRADY, PATRICK J			NAME			
STREET ADDRESS	845 LAMP CT			STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 32771			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLBERT, JULY A			NAME			
STREET ADDRESS	12033 ROYALWOOD DR.			STREET ADDRESS			
CITY-ST-ZIP	FISHERS, IN 46038			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patrick J. Magrady*    **Patrick J. MAGRADY**    *4-27-05*    DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4073300881