2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022455

FILED Jan 04, 2006 Secretary of State

Entity Name: ALTERNATIVE BENEFIT CONCEPTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 845 COACH LAMPCOURT SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 845 COACH LAMPCOURT SANFORD, FL 32771 FEI Number: 59-3562876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARDI, LES CPA MAGRADY, PATRICK J PRES. 7061 S TAMIAMI TRAIL SUITE 110 845 COACH LAMP CT SARASOTA, FL 342315559 US SANFORD, FL 32771 US 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: PATRICK J MAGRADY 01/04/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MAGRADY, PATRICK J Name: Name: 845 LAMP CT Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: VPD Title: () Change () Addition () Delete Name: HOLBERT, JULY A Name: 12033 ROYALWOOD DR. Address: Address: FISHERS, IN 46038 City-St-Zip: City-St-Zip:

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: PATRICK J MAGRADY **PRES** 01/04/2006