

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022455

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** ALTERNATIVE BENEFIT CONCEPTS, INC.

**Current Principal Place of Business:**

845 COACH LAMPCOURT  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

845 COACH LAMPCOURT  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 59-3562876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGRADY, PATRICK J PRES.  
845 COACH LAMP CT  
SANFORD, FL 32771 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MAGRADY, PATRICK J  
Address: 845 LAMP CT  
City-St-Zip: SANFORD, FL 32771

Title: VPD  
Name: HOLBERT, JULY A  
Address: 12033 ROYALWOOD DR.  
City-St-Zip: FISHERS, IN 46038

I hereby 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 all other like empowered.

SIGNATURE: PATRICK J MAGRADY

PRES

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date