## 2008 FOR PROFIT CORPORATION.

## Feb 11, 2008 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P95000083780** ADVANCED BENEFITS, INC. Principal Place of Business Mailing Address 12912 DUPONT CIRCLE 12912 DUPONT CIRCLE -TAMPA, FL 33615 US TAMPA, FL 33615 US No Chg-P CR2E034 (11/05) 02082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3342363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIKOLAJCZYK, RONALD DO NOT WRITE 18328 OAKDALE RD ODESSA, FL 33556 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. (NOTE: Registered Agent signiture required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE MIKOLAJCZYK, RONALD NAME 18328 OAKDALE RD STREET ADDRESS U00000822648 02/20/08-80005-003 150.00 CITY-ST-ZIP ODESSA, FL 33556 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

**FILED** 

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 it made under oath; that I am an officer or director of the corporation or the same very 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

STREET ADDRESS

RONALD MIKOLAJCZYK