2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# 375690

Entity Name: CORPORATE BENEFIT PROGRAMS, INC.

Current Principal Place of Business:

8849 MEADOWBROOK DR
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8849 MEADOWBROOK DR
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-1321296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIFE, JAMES T
8849 MEADOWBROOK DR.
PENSACOLA, FL 32514 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: PD ( ) Delete
Name: FIFE, J THOMAS,
Address: 8849 MEADOWBROOK DR.
City-St-Zip: PENSACOLA, FL

Title: STD ( ) Delete
Name: FIFE, BARBARA,
Address: 8849 MEADOWBROOK DR.
City-St-Zip: PENSACOLA, FL

Title: V ( ) Delete
Name: FIFE, CHRISTOPHER,
Address: 8849 MEADOWBROOK DR
City-St-Zip: PENSACOAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FIFE, J THOMAS,
Address: 8849 MEADOWBROOK DR.
City-St-Zip: PENSACOLA, FL 32514 US

Title: STD (X) Change ( ) Addition
Name: FIFE, BARBARA,
Address: 8849 MEADOWBROOK DR.
City-St-Zip: PENSACOLA, FL 32514 US

Title: V (X) Change ( ) Addition
Name: FIFE, CHRISTOPHER,
Address: 8849 MEADOWBROOK DR
City-St-Zip: PENSACOAL, FL 32514 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: J. THOMAS FIFE PD 04/03/2006

Electronic Signature of Signing Officer or Director — Date