
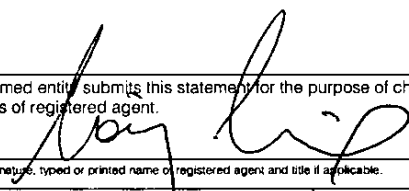
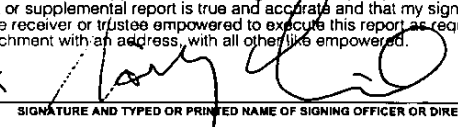


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90077 025 ***150.00

DOCUMENT # 632285 1. Entity Name EMPLOYEE BENEFIT CONSULTANTS OF VOLUSIA COUNTY, INC.			
Principal Place of Business 109 EXECUTIVE CIRCLE DAYTONA BCH, FL 32114 US		Mailing Address POST OFFICE BOX 9296 DAYTONA BCH, FL 32120 US	
2. Principal Place of Business - No P.O. Box # 325 Williamson Blvd		3. Mailing Address 	
Suite, Apt. #, etc. Suite 120		Suite, Apt. #, etc. 	
City & State Daytona Beach FL		City & State 	
Zip 32114	Country USA	Zip 	Country
4. FEI Number 59-1928945		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, SIDNEY 109 EXECUTIVE CIR. DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 325 Williamson Blvd Suite 120 City Daytona Beach FL Zip Code 32114	
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:  DATE: 4-6-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	NAME LEVINE, SIDNEY	<input type="checkbox"/> Delete	
STREET ADDRESS 109 EXECUTIVE CIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP DAYTONA BCH, FL	325 Williamson Blvd Suite 120 Daytona Beach FL 32114		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: X 		Date: 4-6-07 (386)255-0519 <small>Daytime Phone #</small>	