


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90216 006 ***150.00

DOCUMENT # 667333
 1. Entity Name
FLORIDA FRINGE BENEFITS, INC.



Principal Place of Business Mailing Address
 1340 OXFORD RD 1340 OXFORD RD
 MAITLAND, FL 32751 US MAITLAND, FL 32751 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2499 Upper Park Rd. **P.O. Box 5220**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, FL **Winter Park, FL**
 Zip Country Zip Country
32814 **Orange** **32793** **ORANGE**



04252007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-1885242 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

STEINBERG, BARBARA
 1340 OXFORD RD
 MAITLAND, FL 32751

Name: **BARBARA Steinberg**
 Street Address (P.O. Box Number is Not Acceptable): **2499 Upper Park Rd.**
 City: **ORLANDO** FL Zip Code: **32814**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, BARBARA		NAME	Steinberg, BARBARA	
STREET ADDRESS	1340 OXFORD RD		STREET ADDRESS	2499 UPPER PARK RD.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Orlando, FL 32814	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, WAYNE		NAME	Thomas, Wayne	
STREET ADDRESS	1340 OXFORD RD		STREET ADDRESS	2499 UPPER PARK RD.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Orlando, FL 32814	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LESLIE		NAME	Thomas, Leslie	
STREET ADDRESS	1340 OXFORD RD		STREET ADDRESS	2499 UPPER PARK RD.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Orlando, FL 32814	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Leslie A. Thomas Leslie A. Thomas 4/25/07 407-657-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #