
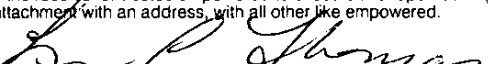


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90216 006 \*\*\*150.00

<b>DOCUMENT # 667333</b> 1. Entity Name <b>FLORIDA FRINGE BENEFITS, INC.</b>					
Principal Place of Business <b>1340 OXFORD RD MAITLAND, FL 32751 US</b>			Mailing Address <b>1340 OXFORD RD MAITLAND, FL 32751 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2499 Upper PARK Rd.</b>		3. Mailing Address <b>P.O. Box 5220</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State <b>Winter PARK, FL</b>		4. FEI Number <b>59-1885242</b>	
Zip <b>32814</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>32793</b>		Country <b>ORANGE</b>		04252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>STEINBERG, BARBARA 1340 OXFORD RD MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name <b>BARBARA Steinberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>2499 Upper PARK Rd.</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32814</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEINBERG, BARBARA 1340 OXFORD RD MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Steinberg, BARBARA 2499 Upper PARK Rd. Orlando, FL 32814
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, WAYNE 1340 OXFORD RD MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas, Wayne 2499 Upper PARK Rd. Orlando, FL 32814
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, LESLIE 1340 OXFORD RD MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas, Leslie 2499 Upper PARK Rd. Orlando, FL 32814
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<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.					
<b>SIGNATURE:</b>  <b>Leslie A. Thomas</b> 4/25/07 407-657-0697					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					