


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 2499 UPPER PARK RD P.O. BOX 5220
 ORLANDO, FL 32814 US WINTER PARK, FL 32793 US

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1885242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STEINBERG, BARBARA
 2499 UPPER PARK RD.
 ORLANDO, FL 32814

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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, 2008 Fee will be \$550.00

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

U00000784494
 01/16/08-80058-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEINBERG, BARBARA 2499 UPPER PARK RD. ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, WAYNE 2499 UPPER PARK RD. ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, LESLIE 249 UPPER PARK RD. ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *David G. Thomas* 1/9/08 407-657-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #