

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 680155

FILED
Jan 05, 2007
Secretary of State

Entity Name: CO-ORDINATED BENEFIT PLANS, INC.

Current Principal Place of Business:

26133 US HIGHWAY 19 NORTH
SUITE 250
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 20594
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-2014829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, JOHN L
3862 CENTRAL AVENUE
ST. PETERSBURG, FL 33711 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: DPT () Delete
Name: TUOMEY, WILLIAM
Address: 26133 U.S. HIGHWAY 19 NORTH, SUITE 250
City-St-Zip: CLEARWATER, FL 33763

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: TUOMEY, WILLIAM T PRES DI
Address: 26133 U.S. HIGHWAY 19 NORTH, SUITE 250
City-St-Zip: CLEARWATER, FL 33763

Title: SEC () Change (X) Addition
Name: GONZALES, CONRAD F SEC
Address: 800 KINDERKAMACK RD
City-St-Zip: ORADELL, NJ 07649

Title: VP () Change (X) Addition
Name: TUOMEY, MICHAEL T VP
Address: 26133 US HIGHWAY 19 NORTH, SUITE 250
City-St-Zip: CLEARWATER, FL 33763

Title: D () Change (X) Addition
Name: WHALEN, SUZANNE E DIR
Address: 800 KINDERKARMACK RD.
City-St-Zip: ORADELL, NJ 07649

Title: D () Change (X) Addition
Name: LEYS, KEVIN H DIR
Address: 800 KINDERKAR, MACK RD.
City-St-Zip: ORADELL, NJ 07649

Title: VP () Change (X) Addition
Name: RICE, LAURA T VP
Address: 26133 US 19 NORTH, SUITE 250
City-St-Zip: CLEARWATER, FL 33763

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: LAURA RICE

VP

01/05/2007

Electronic Signature of Signing Officer or Director

Date