

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003879

FILED
Apr 04, 2007
Secretary of State

Entity Name: NATIONAL EMPLOYEE BENEFIT COMPANIES, INC.

Current Principal Place of Business:

16 INTERNATIONAL WAY
WARWICK, RI 02886

New Principal Place of Business:

Current Mailing Address:

16 INTERNATIONAL WAY
WARWICK, RI 02886

New Mailing Address:

FEI Number: 39-1052096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCD () Delete
Name: FLEET, SAMUEL H
Address: 16 INTERNATIONAL WAY
City-St-Zip: WARWICK, RI

Title: V () Delete
Name: DECARLO, MICHAEL
Address: 4064 COLONY ROAD
City-St-Zip: CHARLOTTE, NC 28211

Title: T () Delete
Name: PURVIANCE, SCOTT
Address: 4064 COLONY ROAD
City-St-Zip: CHARLOTTE, NC 28211

Title: S () Delete
Name: HIGBEA, ANGELA
Address: 4064 COLONY ROAD
City-St-Zip: CHARLOTTE, NC 28211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLEET, SAMUEL H
Address: 16 INTERNATIONAL WAY
City-St-Zip: WARWICK, RI 02886

Title: DCEO (X) Change () Addition
Name: DECARLO, MICHAEL STEVEN
Address: 16 INTERNATIONAL WAY
City-St-Zip: WARWICK, RI 02886

Title: T (X) Change () Addition
Name: PURVIANCE, SCOTT M
Address: 16 INTERNATIONAL WAY
City-St-Zip: WARWICK, RI 02886

Title: AS (X) Change () Addition
Name: HIGBEA, ANGELA
Address: 16 INTERNATIONAL WAY
City-St-Zip: WARWICK, RI 02886

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: SAMUEL H. FLEET

P

04/04/2007

Electronic Signature of Signing Officer or Director

_____ Date