2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003286

Entity Name: HCC BENEFITS CORPORATION

FILED Jan 14, 2005 Secretary of State

Current Pi	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
	I PARK DRIVE W, GA 30144		SUITE 200	225 TOWNPARK DRIVE SUITE 200 KENNESAW, GA 301440460		
Current M	ailing Addres	s:	New Mail	New Mailing Address:		
ATTN: LEG	RTHWEST FR GAL DEPT. I, TX 77040	EEWAY				
FEI Number:	76-0572393	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of	New Registered Agent:	
526 EAST	VICES, INC. PARK AVENU SSEE, FL 3230					
	named entity s of Florida.	submits this statement for the p	urpose of changing	its registered	office or registered agent, or b	oth,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KANE, JR, JOH	RK DRIVE, SUITE 200	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	JOHNSON, SUZ	RK DRIVE, SUITE 200	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	MARTIN, CHRIS	VEST FREEWAY	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	ELLIS, EDWAR	VEST FREEWAY	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SANDERFORD	RK DRIVE, SUITE 200	Title: Name: Address: City-St-Zip:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER L. MARTIN VS 01/14/2005