2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 08:00 A
Secretary of State

DOCUMENT # F02000005280

1. Entity Name
AMERICAN ASSOCIATION FOR MEDICAL BENEFITS, INC.

Principal Place of Business	Mailing Address
4704 HWY 3775 FORT WORTH, TX 76116	4704 HWY 3775 FORT WORTH, TX 76116 US

05082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2570209
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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)

Filing Fee is $61.25
Due by September 14, 2007

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

000000764521
05/30/07-80065-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PCT
NAME	THEISEN, ROBERT J
STREET ADDRESS	3634 KINGSBURY AVE.
CITY-ST-ZIP	FORT WORTH, TX 76118
TITLE	VVC
NAME	JIMMY II, WALKER K
STREET ADDRESS	1604 MCDAVID DR.
CITY-ST-ZIP	ALEDO, TX 76008
TITLE	SD
NAME	WALKER, DONNA K
STREET ADDRESS	1604 MCDAVID DR.
CITY-ST-ZIP	ALEDO, TX 76008
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 617, 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: _____ 5/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #