

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006402

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: INSURANCE BENEFIT CONSULTANTS, INC.

## Current Principal Place of Business:

3230 KEATING ROAD  
PENSACOLA, FL 32504

## New Principal Place of Business:

4487 WHISPER DRIVE  
PENSACOLA, FL 32504

## Current Mailing Address:

3230 KEATING ROAD  
PENSACOLA, FL 32504

## New Mailing Address:

4487 WHISPER DRIVE  
PENSACOLA, FL 32504

FEI Number: 58-1614603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER, NANCY M  
3230 KEATING ROAD  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

TURNER, NANCY M  
4487 WHISPER DRIVE  
PENSACOLA, FL 32504 US

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: NANCY M. TURNER

03/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: TURNER, NANCY M  
Address: 3230 KEATING ROAD  
City-St-Zip: PENSACOLA, FL 32504

Title: CP ( ) Delete  
Name: TURNER, GEORGE M  
Address: 3230 KEATING ROAD  
City-St-Zip: PENSACOLA, FL 32504

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: TURNER, NANCY M  
Address: 4487 WHISPER DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: CP (X) Change ( ) Addition  
Name: TURNER, GEORGE M  
Address: 4487 WHISPER DRIVE  
City-St-Zip: PENSACOLA, FL 32504

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: NANCY M. TURNER

CP

03/10/2006

Electronic Signature of Signing Officer or Director

Date