

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001290**

1. Entity Name  
**INTERNATIONAL ASSOCIATION OF BENEFITS, INC.**



Principal Place of Business  
**701 HIGHLANDER BLVD.  
ARLINGTON, TX 76015-4399**

Mailing Address  
**701 HIGHLANDER BLVD.  
ARLINGTON, TX 76015-4399**



03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-2198657**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD  
#221 E  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000664121  
03/22/07-80032-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MALONE, JEFF 701 HIGHLANDER BLVD. ARLINGTON, TX 760154399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORMAN, LAURA 701 HIGHLANDER BLVD. ARLINGTON, TX 760154399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAINEY, PAULA 701 HIGHLANDER BLVD, STE 400 ARLINGTON, TX 76015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, PENNY 701 HIGHLANDER BLVD. ARLINGTON, TX 760154399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAILEY, ROBERT 2867 INNISWOOD CIR ARLINGTON, TX 76015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, ROGER 701 HIGHLANDER BLVD. ARLINGTON, TX 760154399

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IN THIS SPACE**

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:**

*[Signature]* **Treasurer** 3-7-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #