

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90015 008 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2198657	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221 E PALM BEACH GARDENS, FL 33410			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MALONE, JEFF 701 HIGHLANDER BLVD. ARLINGTON, TX 760154399	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOIS NIX 701 Highlander Blvd, Ste. 400 Arlington, TX 76015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORMAN, LAURA 701 HIGHLANDER BLVD. ARLINGTON, TX 760154399	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Laura Gorman 701 Highlander Blvd, Ste. 400 Arlington, TX 76015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAINEY, PAULA 701 HIGHLANDER BLVD, STE 400 ARLINGTON, TX 76015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Paula Rainey 701 Highlander Blvd, Ste. 400 Arlington, TX 76015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, PENNY 701 HIGHLANDER BLVD. ARLINGTON, TX 760154399	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Andrea Brown 701 Highlander Blvd, Ste. 400 Arlington, TX 76015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAILEY, ROBERT 2867 INNISWOOD CIR ARLINGTON, TX 76015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Dailey 2867 Inniswood Cir. Arlington, TX 76015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, ROGER 701 HIGHLANDER BLVD. ARLINGTON, TX 760154399	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger Wood 701 Highlander Blvd Arlington, TX 76015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____			4-15-08 817-468-0400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		