

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001290

FILED
Mar 25, 2010
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF BENEFITS, INC.

Current Principal Place of Business:

701 HIGHLANDER BLVD.
SUITE 400
ARLINGTON, TX 760154399

New Principal Place of Business:

Current Mailing Address:

701 HIGHLANDER BLVD.
SUITE 400
ARLINGTON, TX 760154399

New Mailing Address:

FEI Number: 75-2198657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD
Name: NIX, LOIS
Address: 701 HIGHLANDER BLVD. STE. 400
City-St-Zip: ARLINGTON, TX 76015

Title: VD
Name: GORMAN, LAURA
Address: 701 HIGHLANDER BLVD. STE. 400
City-St-Zip: ARLINGTON, TX 76015

Title: PD
Name: CLARK, JERRY
Address: 701 HIGHLANDER BLVD. STE. 400
City-St-Zip: ARLINGTON, TX 76015

Title: SD
Name: MALONE, ANDREA
Address: 701 HIGHLANDER BLVD., STE. 400
City-St-Zip: ARLINGTON, TX 76015

Title: D
Name: DAILEY, ROBERT
Address: 2867 INNISWOOD CIR
City-St-Zip: ARLINGTON, TX 76015

Title: D
Name: MALONE, JEFF
Address: 701 HIGHLANDER BLVD. SUITE 400
City-St-Zip: ARLINGTON, TX 76015

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA MALONE

SD

03/25/2010

Electronic Signature of Signing Officer or Director

_____ Date