


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000003603</b>			
1. Entity Name <b>BENETECH INVESTMENTS CORP.</b>			
Principal Place of Business <b>1851 ALBRIGHT ROAD MONTGOMERY IL 60538</b>		Mailing Address <b>1851 ALBRIGHT ROAD MONTGOMERY IL 60538</b>	
2. Principal Place of Business Suits, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		<p>9. Election Campaign Financing <b>\$5.00</b> May Be          Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b></p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, RALPH</b>	NAME	
STREET ADDRESS	<b>3037 BONNIE BRAE CRESCENT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FLOSSMOOR IL 60422</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIEGLER, DALE</b>	NAME	
STREET ADDRESS	<b>7777 FAY AVENUE, #200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAVOLLA CA 92037</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSNOE, CLARK</b>	NAME	
STREET ADDRESS	<b>500 N. AKARD, SUITE 3950</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLETCHER, F. BARRON III</b>	NAME	
STREET ADDRESS	<b>500 N. AKARD, SUITE 3950</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIRCON, RONALD</b>	NAME	
STREET ADDRESS	<b>1851 ALBRIGHT ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY IL 60538</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRMAN, JIM</b>	NAME	
STREET ADDRESS	<b>1851 ALBRIGHT ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY IL 60538</b>	CITY-ST-ZIP	



1st MOORE CR2E034 (10/05)

4. FEI Number **36-3217144** Applied For  Not Applicable

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

400000485166  Change  Addition  
 04/12/06-80072-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 enclosures.

SIGNATURE: 

3/27/06 630844-1300