


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000005019	
1. Entity Name NEW HORIZON BENEFIT ADMINISTRATORS, INC.	

Principal Place of Business  
200 WESTLAKE PARK BLVD.  
HOUSTON, TX 77079

Mailing Address  
200 WESTLAKE PARK BLVD.  
HOUSTON, TX 77079



02272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 70-0649099	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL ST.  
TALLAHASSEE, FL 32303

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

UN0000474762  
04/04/06-80037-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DCPT
NAME	CHEN, BILL S
STREET ADDRESS	200 WESTLAKE PARK BLVD.
CITY-ST-ZIP	HOUSTON, TX 77079
TITLE	S
NAME	FRAZIER, MARY D
STREET ADDRESS	200 WESTLAKE PARK BLVD.
CITY-ST-ZIP	HOUSTON, TX 77079
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 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 empowered.

**SIGNATURE:** Bill S. Chen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 2006

Date

(281) 368-7267

Daytime Phone #