2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005316

Entity Name: EMPLOYEE BENEFIT COMMUNICATORS, INC.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
815 PILOT ROAD, SUITE A LAS VEGAS, NV 89119			815 PILOT ROAD SUITE A LAS VEGAS, NV 891	19	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	SON POINTE POLIS, IN 4625				
FEI Number	: 88-0364322	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1201 HAY: TALLAHA:	ATION SERVIC S STREET SSEE, FL 323	01 US			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CD () DUST, LARRY 8330 ALLISON INDIANAPOLIS	POINTE TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () PERNA, MICHA 815 PILOT ROA LAS VEGAS, N	AD, SUITE A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () GRAY, WALLA 8330 ALLISON INDIANAPOLIS	POINTE TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () RAY, BRADLEY 8330 ALLISON	POINTE TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE T. GRAY SEC 01/10/2006