

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002868

FILED
Apr 23, 2007
Secretary of State

Entity Name: CONSUMER HEALTH BENEFIT ASSOCIATION, INC.

Current Principal Place of Business:

16476 CHESTERFIELD AIRPORT RD., 2ND FL
CHESTERFIELD, MO 63017

New Principal Place of Business:

4875 COCONUT CREEK PKWY
COCONUT CREEK, FL 33063

Current Mailing Address:

16476 CHESTERFIELD AIRPORT RD., 2ND FL
CHESTERFIELD, MO 63017

New Mailing Address:

4875 COCONUT CREEK PKWY
COCONUT CREEK, FL 33063

FEI Number: 43-1729532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERNER, RONALD
4875 COCONUT CREEK PKWY
COCONUT CREEK, FL 33063 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: CPS () Delete
Name: WERNER, RONALD
Address: 1620 SWEET BAY WAY
City-St-Zip: HOLLYWOOD, FL 33019

Title: VCVF () Delete
Name: LEO, LOUIS
Address: 7485 RIDGEFIELD LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: IZZARONE, JOSEPH
Address: 439 GRESWALD DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: GRIDDIN, HARRY
Address: 2530 HENRIETTA CT.
City-St-Zip: LANTANA, FL 33462

Title: T () Delete
Name: LEO, LOUIS
Address: 7485 RIDGEFIELD LANE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: RONALD WERNER

CPD

04/23/2007

Electronic Signature of Signing Officer or Director

Date