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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

ADVANCED BENEFIT ADVISORS, INC.

|                       |         |
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CORPORATION SVC CO

NO. 084 P. 2  
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FILE

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

2005 JUL 19 A  
SECRETARY OF S  
TALLAHASSEE, FL

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**1. Advanced Benefit Advisors, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. New Jersey**

(State or country under the law of which it is incorporated)

**3. 20-2594678**

(FEI number, if applicable)

**4. March 16, 2005**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. N/A**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 1022 Chanticleer, Cherry Hill, NJ 08002**

(Principal office address)

**1022 Chanticleer, Cherry Hill, NJ 08002**

(Current mailing address)

**8. Sales of Insurance Products**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: Corporation Service Company

Office Address: 1201 Nays Street

Tallahassee

(City)

Florida 32301

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Deborah D. Skipper  
(Registered agent's signature)

Deborah D. Skipper  
Asst. V. Pres.

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

**12. Names and business addresses of officers and/or directors:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Robert Petcova

Address: 1022 Chanticleer, Cherry Hill, NJ 08002

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Robert Petcova

Address: 1022 Chanticleer, Cherry Hill, NJ 08002

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_


Secretary: Robert Petcova

Address: 1022 Chanticleer, Cherry Hill, NJ 08002

Treasurer: Robert Petcova

Address: 1022 Chanticleer, Cherry Hill, NJ 08002

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X   
(Signature of Director or Officer listed in number 12 of the application)

14. Robert Petcova, President  
(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

ADVANCED BENEFIT ADVISORS, INC.

0100942314

*With the Previous or Alternate Name*

BENEFIT RESOURCES, INC. (Previous Name)

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 16, 2005.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Flaster/Greenberg Pc  
1810 Chapel Avenue West  
Third Floor  
Cherry Hill, NJ 08002 0000*

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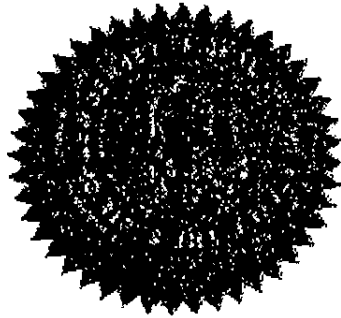
CORPORATION SVC CO

NO. 084 P. 5

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

ADVANCED BENEFIT ADVISORS, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
14th day of July, 2005

A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E McCormac, CPA  
State Treasurer

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