


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90049 007 ****61.25

DOCUMENT # F05000004972	
1. Entity Name SELECT BENEFIT SERVICES ASSOCIATION, INC.	

Principal Place of Business 16476 CHESTERFIELD AIRPORT RD 2ND FL CHESTERFIELD MO 63017	Mailing Address 16476 CHESTERFIELD AIRPORT RD 2ND FL CHESTERFIELD MO 63017
---	---



2. Principal Place of Business 16476 Chesterfield Airport Rd. Suite, Apt. #, etc. 2nd Flr. City & State Chesterfield, mo Zip 63017 Country St. Louis	3. Mailing Address 16476 Chesterfield Airport Rd. Suite, Apt. #, etc. 2nd Flr. City & State Chesterfield, MO Zip 63017 Country
--	---

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent WERNER, RONALD 4875 COCONUT CREEK PKWY COCONUT CREEK FL 33063

4. FEI Number 43-1745696	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consolidating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BRECKENRIDGE, DON JR 200 S. HANLEY STE 710 CLAYTON MO 63105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP TRUNNELL, TIM 707 VIVIAN COLLINSVILLE IL 62234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BOEKER, KAREN 13 BORDEAUX PLACE LAKE S.T LOUIS MO 63367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Karen Becker* **2/2/06 636-530-7700**