2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# F06000005326

Entity Name: ATHENS BENEFITS INSURANCE SERVICES, INC.

Current Principal Place of Business:

2552 STANWELL DR
CONCORD, CA 94520

New Principal Place of Business:

Current Mailing Address:

PO BOX 5668
CONCORD, CA 94524

New Mailing Address:

FEI Number: 68-0122864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE
SUITE 200
TARPON SPRINGS, FL 34688 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CONNELL, JOHN
Address: PO BOX 5668
City-St-Zip: CONCORD, CA 94524

Title: SD ( ) Delete
Name: COLETTA, MIKE
Address: PO BOX 5668
City-St-Zip: CONCORD, CA 94524

Title: CD ( ) Delete
Name: JENKINS, JAMES C
Address: PO BOX 5668
City-St-Zip: CONCORD, CA 94524

Title: ASD ( ) Delete
Name: CONNELL, LISA
Address: PO BOX 5668
City-St-Zip: CONCORD, CA 94524

Title: VPTD ( ) Delete
Name: ELLINGTON, JODI
Address: PO BOX 5668
City-St-Zip: CONCORD, CA 94524

Title: EVPD ( ) Delete
Name: JENKINS, JAMES R
Address: PO BOX 5668
City-St-Zip: CONCORD, CA 94524

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: JODI ELLINGTON VPTD 02/11/2008

Electronic Signature of Signing Officer or Director — Date