

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006158

FILED
Feb 05, 2008
Secretary of State

Entity Name: AMERIBENEFIT PLAN INC.

Current Principal Place of Business:

16476 CHESTERFIELD AIRPORT RD
CHESTERFIELD, MO 63017

New Principal Place of Business:

Current Mailing Address:

16476 CHESTERFIELD AIRPORT RD
CHESTERFIELD, MO 63017

New Mailing Address:

FEI Number: 43-1705819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: WRIGHT JR., TOM
Address: 16476 CHESTERFIELD AIRPORT RD
City-St-Zip: CHESTERFIELD, MO 63017

Title: D () Delete
Name: TALAMANTES, JERRY
Address: 16476 CHESTERFIELD AIRPORT RD
City-St-Zip: CHESTERFIELD, MO 63017

Title: D () Delete
Name: SNEDDON, KEVIN
Address: 16476 CHESTERFIELD AIRPORT RD
City-St-Zip: CHESTERFIELD, MO 63017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WRIGHT JR., TOM
Address: 13537 BARRETT PARKWAY DRIVE #325
City-St-Zip: BALLWIN, MO 63021

Title: D (X) Change () Addition
Name: TALAMANTES, JERRY
Address: 5925 LINDELL BLVD
City-St-Zip: ST. LOUIS, MO 63112

Title: D (X) Change () Addition
Name: SNEDDON, KEVIN
Address: 19 DUBOIS DRIVE
City-St-Zip: SOUTH BURLINGTON, VT 05403

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

SIGNATURE: TOM WRIGHT, JR.

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

Date