2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F77598

FILED Apr 14, 2009 Secretary of State

Entity Name: EXECUTIVE & BUSINESS BENEFITS, INC.

Current P	micipal Piace	e of Business:	New Principal Pla	ice of busiliess.
1475 LAKE SUITE A	E BALDWIN LA	ANE		
	D, FL 32814	US		
Current N	lailing Addre	ss:	New Mailing Add	ress:
	E BALDWIN LA	ANE		
SUITE A ORLAND(D, FL 32814	US		
FEI Number	: 59-3057652	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Addres	ss of New Registered Agent:
1475 A LÂ	FRANK M. KE BALDWIN), FL 32814	LANE US		
The above		submits this statement for th	e purpose of changing its regist	ered office or registered agent, or both,
in the Stat	e of Florida.			
in the State	RE:	nic Signature of Registered A	Agent	Date
in the State	RE: Electro	nic Signature of Registered A	Agent	Date
in the State SIGNATUI	RE: Electro	g Trust Fund Contribution ().		Date NGES TO OFFICERS AND DIRECTORS
in the State SIGNATUI	RE: Electrol mpaign Financin S AND DIREC	g Trust Fund Contribution (). CTORS:) Delete SS ALL		
in the State SIGNATUI Election Car OFFICER Title: Name: Address:	Electron mpaign Financin S AND DIRECT D (DICKSON, BES 221 BUGLE C/ FORNEY, TX	g Trust Fund Contribution (). ETORS:) Delete SS ALL 75126) Delete AN H. BALDWIN LN	ADDITIONS/CHAI Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS
in the State SIGNATUI Election Car OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroi mpaign Financin S AND DIRECT D (DICKSON, BE: 221 BUGLE C/FORNEY, TX DS (ARNALL, SUS/1475 B LAKE FORLANDO, FL DP (ARNALL, FRAN	g Trust Fund Contribution (). CTORS:) Delete SS ALL 75126) Delete AN H. BALDWIN LN 32814) Delete NK M. BALDWIN LANE	ADDITIONS/CHAI Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS () Change () Addition

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: FRANK M. ARNALL PRES 04/14/2009