2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F89519

1. Entity Name

INTERNATIONAL BENEFIT CONSULTANT CORPORATION



Principal Place of Business

Mailing Address

5173 ELPINE WAY PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

5173 ELPINE WAY PALM BEACH GARDENS, FL 33418

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90304 018 ***158.75

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03072006

No Chg-P

CR2E034 (11/05)

561-848-5013

Daytime Phone #

4/12/06 Date

4. FEi Number 59-2237747

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE: Doris & Sourceuine
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SOWERWINE, ROBERT W. 5173 ELPINE WAY PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

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 il applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SOWERWINE, ROBERT W 5173 ELPINE WAY PALM BEACH GARDENS, FL 33418				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SOWERWINE, DORIS J. 5173 ELRINE WAY PALM BEACH GARDENS, FL 33418				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP					· •
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **DORIS** J. SOWERWINE**					
010NATURE 10. 0 0 5					