## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000002318

FILED Apr 14, 2005 Secretary of State

Entity Name: CONSUMER BENEFITS OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business:

3705 KIPLING ST. SUITE 102

WHEAT RIDGE, CO 80033 US

Current Mailing Address: New Mailing Address:

P.O. BOX 281248

DENVER, CO 80228 US

FEI Number: 84-1079667 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC ( ) Delete Name: SARTEN, EDIE

Address: 3190 UNION ST

City-St-Zip: LAKEWOOD, CO 80215 US

Title: V () Delete
Name: CHRISTENSEN, KEVIN

Name: CHRISTENSEN, KEVIN Address: 3595 MOORE CT

City-St-Zip: WHEAT RIDGE, CO 80033 US

BASALT, CO 81621 US

Title: DST ( ) Delete
Name: KRETSCHMAN, LAURA
Address: 1109 WILLITS LANE #9

Title: ( ) Delete

Name: Address: City-St-Zip:

City-St-Zip:

Title: DP (X) Change ( ) Addition

Name: SARTEN, EDIE Address: 3190 UNION ST

City-St-Zip: LAKEWOOD, CO 80215 US

Title: DV (X) Change ( ) Addition

Name: CHRISTENSEN, KEVIN Address: 3595 MOORE CT

City-St-Zip: WHEAT RIDGE, CO 80033 US

Title: DS (X) Change ( ) Addition

Name: KRETSCHMAN, LAURA
Address: 1109 WILLITS LANE #9
City-St-Zip: BASALT, CO 81621 US

Title: DT ( ) Change (X) Addition

Name: SARTEN, EDIE
Address: 3190 UNION STREET
City-St-Zip: LAKEWOOD, CO 80215

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDIE SARTEN DP 04/14/2005