2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# F97000002318

Entity Name: CONSUMER BENEFITS OF AMERICA, INC.

Current Principal Place of Business:

3705 KIPLING ST.
SUITE 102
WHEAT RIDGE, CO 80033 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 281248
DENVER, CO 80228 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DP ( ) Delete
Name: SARTEN, EDIE
Address: 3190 UNION ST
City-St-Zip: LAKEWOOD, CO 80215 US

Title: DV ( ) Delete
Name: CHRISTENSEN, KEVIN
Address: 3595 MOORE CT
City-St-Zip: WHEAT RIDGE, CO 80033 US

Title: DS ( ) Delete
Name: KRETSCHMAN, LAURA
Address: 1109 WILLITS LANE #9
City-St-Zip: BASALT, CO 81621 US

Title: DT ( ) Delete
Name: SARTEN, EDIE
Address: 3190 UNION STREET
City-St-Zip: LAKEWOOD, CO 80215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SARTEN, EDIE
Address: DP3190 UNION ST
City-St-Zip: LAKEWOOD, CO 80215 US

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 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: EDIE SARTEN DP 02/22/2007

Electronic Signature of Signing Officer or Director — Date