

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002318

FILED  
Mar 10, 2008  
Secretary of State

**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: DP3190 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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: KRETSCHMAN, LAURA  
Address: 715 BUNKER DRIVE  
City-St-Zip: GRAND JUNCTION, CO 81506 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP ( ) Change (X) Addition  
Name: SARTEN, EDIE  
Address: 3190 UNION STREET  
City-St-Zip: LAKEWOOD, CO 80215 US

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: EDIE SARTEN

DP

03/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date