2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# H61228

Entity Name: CREATIVE BENEFITS FOR EDUCATORS, INC.

Current Principal Place of Business:

2930 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2930 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2844475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEIGER, JAMES W
2930 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C/PD
Name: GEIGER, JAMES W
Address: 2930 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D
Name: MORTIMER, PHILIP
Address: 3640 YACHT CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180 US

Title: DVC
Name: GREADINGTON, BARBARA
Address: 213 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD
Name: LEE, ROBERT F
Address: 7504 HOSFORD HWY
City-St-Zip: QUINCY, FL 32351 US

Title: D
Name: BOUTWELL, KENNETH
Address: 2123 CENTRE POINT BLVD.
City-St-Zip: TALLAHASSEE, FL 323084930 US

Title: D
Name: CHELI, CERRA
Address: 9320 NW 50TH DORAL CIR N
City-St-Zip: DORAL, FL 33178 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES W. GEIGER PD 04/07/2010

Electronic Signature of Signing Officer or Director Date