2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 13, 2006 08:00 AM Secretary of State

467-702-6603 Daysma Prione R

DOCUMENT # H80439 1. Entity Name S.J. BENSON & ASSOCIATES, INC.				Secretary of State
Principal Place of Business Mailing Address 174 WEST COMSTOCK AVE. WINTER PARK, FL 32789 WINTER PARK, FL 32789 WINTER PARK, FL 32789				
D	OO NOT WRITE		CE	02152006 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent BENSON, SAMUEL 174 WEST COMSTOCK AVE. WINTER PARK, FL 32789				DO NOT WRITE IN THIS SPACE
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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				5.00 May 8e 03/21/06-80084-016 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI PD BENSON, SAMUEL 174 WEST COMSTOCK AVE. WINTER PARK, FL 32789	RECTORS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
THE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. (hereby certify that the information supplied with this liling 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 executed this report as required by Chapter 807, 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.				