


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90036 001 \*\*\*150.00  
 02-10-2006 90036 002 \*\*\*\*\*8.75

**DOCUMENT # J52908**

1. Entity Name  
 CORPORATE BENEFITS CENTER, INC.



Principal Place of Business      Mailing Address

2145 14TH AVE      2145 14TH AVE  
 SUITE 22      SUITE 22  
 VERO BEACH FL 32960      VERO BEACH FL 32960  
 US      US



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

59-2753665      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

1st MOORE      CR2E034 (10/05)

6. Name and Address of Current Registered Agent

KOWN, JACK R.  
 2145 14TH AVE  
 VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

8. 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 Jack R Kown Pres      DATE 1/25/06

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	OSTROM, LYLE R.	
STREET ADDRESS	80 ROYAL PALM BLVD., #204	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOWN, JACK	
STREET ADDRESS	2145 14TH AVE SUITE 22	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VANVORST, ROBERT K.	
STREET ADDRESS	2145 14TH AVE STE 22	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack R Kown Pres      DATE 1/25/06      PHONE # 772 794 4404

Signature, typed or printed name of signing officer or director      Date      Telephone Phone #