

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J52908

FILED
Jan 28, 2009
Secretary of State

Entity Name: CORPORATE BENEFITS CENTER, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2753665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

New Principal Place of Business:

2145 14TH AVE
SUITE 13
VERO BEACH, FL 32960 US

New Mailing Address:

2145 14TH AVE
SUITE 13
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

KOWN, JACK R.
2145 14TH AVE
SUITE 13
VERO BEACH, FL 32960 US

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: JACK R. KOWN

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: OSTROM, LYLE R.,
Address: 80 ROYAL PALM BLVD.,#204
City-St-Zip: VERO BEACH, FL

Title: PD () Delete
Name: KOWN, JACK
Address: 2145 14TH AVE STE 13
City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete
Name: VANVORST, ROBERT K.
Address: 2145 14TH AVE STE 13
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK R. KOWN

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date