

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K71259

FILED
Apr 16, 2007
Secretary of State

Entity Name: GROUP BENEFIT DESIGNS INSURANCE, INC.

Current Principal Place of Business:

2254 WINTER WOODS BLVD
STE 2010
WINTER PARK, FL 32792 US

Current Mailing Address:

2254 WINTER WOODS BLVD
STE 2010
WINTER PARK, FL 32792 US

New Principal Place of Business:

2234 WINTER WOODS BLVD
STE 1000
WINTER PARK, FL 32792 US

New Mailing Address:

2234 WINTER WOODS BLVD
STE 1000
WINTER PARK, FL 32792 US

FEI Number: 59-2926533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAWBERT, ROBERT A.
965 DYSON DR
WINTER SPRINGS, FL 32708 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: PD () Delete
Name: DRAWBERT, ROBERT A.,
Address: 965 DYSON DR
City-St-Zip: WINTER SPRINGS, FL

Title: VD () Delete
Name: DRAWBERT, MYRNA D.,
Address: 965 DYSON DR
City-St-Zip: WINTER SPRINGS, FL

Title: ST () Delete
Name: DRAWBERT, MYRNA D.,
Address: 965 DYSON DR
City-St-Zip: WINTER SPRINGS, FL

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 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: ROBERT A DRAWBERT

PRES

04/16/2007

Electronic Signature of Signing Officer or Director

Date