


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90120 005 \*\*\*150.00

<b>DOCUMENT # K73266</b> 1. Entity Name CARLISLE BENEFIT PLANS, INC.					
Principal Place of Business <del>1605 MAIN ST</del> <i>ADDRESS change below</i> <del>600</del> SARASOTA, FL 34236 US			Mailing Address <del>1605 MAIN ST</del> <del>600</del> SARASOTA, FL 34236 US		
2. Principal Place of Business 2055 WOOD STREET Suite, Apt. #, etc. SUITE 215 City & State SARASOTA, FL Zip 34237 Country USA			3. Mailing Address 2055 WOOD STREET Suite, Apt. #, etc. SUITE 215 City & State SARASOTA, FL Zip 34237 Country USA		
4. FEI Number 65-6025642			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  BEWLEY, DAVID C <del>1605 MAIN ST</del> <i>Address change only</i> <del>STE 600</del> SARASOTA, FL 34236			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 2055 WOOD STREET Suite 215 City SARASOTA FL Zip Code 34237		
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 <i>[Signature]</i> DAVID C. BEWLEY <i>3/14/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEWLEY, DAVID C. <del>1605 MAIN ST SUITE 600</del> SARASOTA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, E VECCHA <del>1605 MAIN ST #600</del> SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 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: <i>E. Veccha Walker</i> E. VECCHA WALKER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PRESIDENT		
3/14/06			(941) 364-9043		