

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K73266

FILED
Apr 06, 2007
Secretary of State

Entity Name: CARLISLE BENEFIT PLANS, INC.

Current Principal Place of Business:

2055 WOOD STREET
SUITE 215
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

2055 WOOD STREET
SUITE 215
SARASOTA, FL 34237 US

New Mailing Address:

FEI Number: 65-6025642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEWLEY, DAVID C
2055 WOOD STREET
SUITE 215
SARASOTA, FL 34237 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: DP () Delete
Name: BEWLEY, DAVID C.,
Address: 2055 WOOD ST., SUITE 215
City-St-Zip: SARASOTA, FL 34237

Title: P () Delete
Name: WALKER, E VECHA
Address: 2055 WOOD ST., SUITE 215
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: E. VECHA WALKER

PRES

04/06/2007

Electronic Signature of Signing Officer or Director

Date