

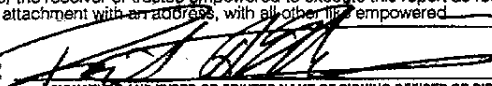


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L00875		
1. Entity Name PROFESSIONAL BENEFIT ADMINISTRATORS, INC.		
Principal Place of Business % RICHARD A. WASHICK 1265 SEMORAN BLVD, SUIT 1213 WINTER PARK, FL 32792		Mailing Address % RICHARD A. WASHICK 1265 SEMORAN BLVD, SUIT 1213 WINTER PARK, FL 32792
DO NOT WRITE IN THIS SPACE		
		 03072006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2966135 Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WASHICK, RICHARD A. 1265 S SEMORAN BLVD SUITE 1213 WINTER PARK, FL 32792		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<p>U00000539820 05/09/06-80114-013 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD WASHICK, RICHARD A. 685 CRICKLEWOOD TERR HEATHROW, FL 32746	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KIRKLAND, ANGELIA J 1255 FERN FOREST RUN OVIEDO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WASHICK, ROBERT A 744 MCLEAN CT ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CANLAS, SONIA B 685 CRICKLEWOOD TERR HEATHROW, FL 32746	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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 lists empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/24/06 407-671-7551 Date Daytime Phone #