2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L05000007713

Entity Name: HR BENEFITS COACH, LLC

Current Principal Place of Business:

625 SAGAMORE STREET
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

PO BOX 2956
LAKELAND, FL 338062956

New Mailing Address:

625 SAGAMORE STREET
LAKELAND, FL 33803

FEI Number: 20-2233629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, W. JAMES
625 SAGAMORE STREET
LAKELAND, FL 33803 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

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DIR ( ) Change (X) Addition
Name: SCHULTZ, ROGER
Address: 1394 HICKORY COVE ROAD
City-St-Zip: JASPER, GA 30143

Title: DIR ( ) Change (X) Addition
Name: LEE, W. JAMES
Address: 625 SAGAMORE STREET
City-St-Zip: LAKELAND, FL 33803

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: W. JAMES DIR 01/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date