## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93539

City-St-Zip: CLEARWATER, FL 33765

Entity Name: EMPLOYEE BENEFITS DESIGN INC.

FILED Feb 24, 2009 Secretary of State

Entity Na	me: EMPLOY	EE BENEFITS DESIGN, INC.			
Current P	Principal Place	e of Business:	New Principal Place of Business:		
	Y VISTA DR., 9 ATER, FL 337				
Current M	lailing Addre	ss:	New Mailing Address:		
	Y VISTA DR., 9 ATER, FL 337				
FEI Number	: 59-3030862	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
15950 BAY SUITE 360	JOHN E. JR Y VISTA DR, ) ATER, FL 337	60 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( PHIPPS, JR, J 1722 CASEY J CLEARWATER	ONES COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	PHIPPS, KATH	() Delete IRYN M IONES COLIRT	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN E. PHIPPS, JR. D 02/24/2009