2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007042

Entity Name: BEN'S PLACE SERVICES INC.

FILED May 08, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4401 WESCONNETT 4717 SAN JUAN AVE

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32210 US

Current Mailing Address: New Mailing Address:

4401 WESCONNETT 371662 HENRY SMITH RD

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32046 US

FEI Number: 32-0122751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCFADDEN, MELODY 371662 HENRY SMITH RD HILLIARD, FL 32046 US

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

OFFICERS AND DIRECTORS:

Title: D

Name: MCFADDEN, MELODY
Address: 371662 HENRY SMITH RD
City-St-Zip: HILLIARD, FL 32046

Title: D

Name: TRAYNER, MAUREEN
Address: 548 NIGHTINGALE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D

Name: HARPER, JAIME Address: 4156 VENETIA BLVD.

City-St-Zip: JACKSONVILLE, FL 32210 US

Title:

Name: CANDY, ANNE Address: 5566 ALPHA AVE

City-St-Zip: JACKSONVILLE, FL 32205

Title:

Name: SHAY, BEN

Address: 371622 HENRY SMITH RD. City-St-Zip: HILLIARD, FL 32046

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELODY MCFADDEN D 05/08/2010