

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007204

FILED
Jan 07, 2008
Secretary of State

Entity Name: CONSUMER DIRECTED BENEFITS ASSOCIATION, INC.

Current Principal Place of Business:

1111 E TENNESSEE ST
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1111 E TENNESSEE ST
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 04-3611718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, ROBERT M
1111 E TENNESSEE ST
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: IPP () Delete
Name: STONER, JOHN
Address: 700 CENTRAL AVE STE 301
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: P () Delete
Name: TURNOCK, MICHAEL
Address: 1780 S. BELLAIRE ST. #302
City-St-Zip: DENVER, CO 80222 US

Title: ST () Delete
Name: MACDONALD, ROBERT
Address: 1111 E TENNESSEE ST
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: PE () Delete
Name: ROSEN, ROB
Address: 88 SUNYSIDE BLVD. #203
City-St-Zip: PLAINVIEW, NY 11803 US

Title: VP () Delete
Name: FRANK, JOHN
Address: 205 W. DARES BEACH RD.
City-St-Zip: PRINCE FREDERICK, MD 20678 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: IPP (X) Change () Addition
Name: TURNOCK, MICHAEL
Address: 1780 S. BELLAIRE ST. #302
City-St-Zip: DENVER, CO 80222 US

Title: PE (X) Change () Addition
Name: FISHER, MICHAEL DR.
Address: P.O. BOX 461562
City-St-Zip: AURORA, CO 80046 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ROSEN, ROB
Address: 88 SUNYSIDE BLVD. #203
City-St-Zip: PLAINVIEW, NY 11803 US

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. MACDONALD

S-T

01/07/2008

Electronic Signature of Signing Officer or Director

Date