


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90852 042 \*\*\*\*70.00

<b>DOCUMENT # N98000000368</b> 1. Entity Name <b>BENEDICT HAVEN INC.</b>					
Principal Place of Business <b>210 72ND AVENUE NORTH ST. PETERSBURG, FL 33702</b>			Mailing Address <b>210 72ND AVENUE NORTH ST. PETERSBURG, FL 33702</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3492167</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SIMPLIFI BUSINESS, INC 8950 DR MARTIN LUTHER KING ST N SUITE 130 SAINT PETERSBURG, FL 33702</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTALDO, DOLORES 10600 48 ST N APT 1011 SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  10600 4 <sup>th</sup> St. No., Apt. 1011	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, CAROL 115 112 AVENUE N E, #202 SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VATELOT, JANE 150 153RD AVENUE SUITE 205 MADEIRA BEACH, FL 33708		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BROOKS, TAMMY 6062 28TH AVE N SAINT PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEROSE, DAVID 740 62ND AVENUE N SAINT PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED INFINITO, ROSEMARIE 3301 58TH AVENUE S, #102 ST PETERSBURG, FL 33712		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  D	
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 617, 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 like empowered.					
<b>SIGNATURE:</b> <u><i>Dolores Castaldo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-07 727-527-2257 <small>Date Daytime Phone #</small>		