2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90852 042 ****70.00

DOCUMENT # N9800000368 1. Entity Name (BENEDICT HAVEN INC.						04-30-2007	90832 (74 <i>2</i> / C).00	
210 72ND AVENUE NORTH 210			iling Address 10 72ND AVENUE NORTH 1. PETERSBURG, FL 33702		400)937 78				
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262007	Chg-NP	CR2E	037 (12/06)		
City & Stat	е	City & State	City & State 4. FEI Number Ap		oplied For of Applicable					
Zip	Country -	Zip	Country		5. Certificate o	f Status Desired	×	\$8.75 Add Fee Require		
	6. Name and Address of Current F	legistered Agent			7. Name and A	Address of New	Registered	Agent		
SIMPLIFI E	BUSINESS, INC		Name							
8950 DR MARTIN LUTHER KING ST N SUITE 130				Street Address (P.O. Box Number is Not Acceptable)						
SAINT PE	TERSBURG, FL 33702									
			City				FI			
8. The above the obligat	named entity submits this statement for ions of registered agent:	the purpose of changing its	registered office	or registere	ed agent, or both	, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .										
,	Signature, typed or printed name of registered agent as	nd title it applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE			
		<u> </u>	: Registered Agent sign					k pavable t		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund C	npaign Financing		\$5.00 May Be Added to Fees		Make chec	ck payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund C	npaign Financing Contribution.		\$5.00 May Be	Flo	Make cheo rida Depa	IRECTORS IN	tate	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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.

SIGNATURE: ___

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SIGNATURE AND TYPED OR PRINTED NA	ME OF S	IGNING OFFIC	ER OR DI	RECTOR