2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N98000000368

Entity Name: BENEDICT HAVEN INC.

Current Principal Place of Business:

210 72ND AVENUE NORTH
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

210 72ND AVENUE NORTH
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-3492167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPLIFI BUSINESS, INC
8950 DR MARTIN LUTHER KING ST N
SUITE 130
SAINT PETERSBURG, FL 33702 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: PD ( ) Delete
Name: CASTALDO, DOLORES
Address: 210 72 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: SD ( ) Delete
Name: KLUKKERT, JOAN
Address: 2073 64 PL
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VPD ( ) Delete
Name: BROOKS, TAMMY
Address: 6062 28TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: T (X) Delete
Name: DEROSE, DAVID
Address: 740 62ND AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: ED (X) Delete
Name: VATELOT, JANE
Address: 150 153RD AVE STE 205
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VPD (X) Delete
Name: DEROSE, DAVID
Address: 740 62 AVE
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: VATELOT, JANE
Address: 102 89TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SEC (X) Change ( ) Addition
Name: MCGLINCHEY, PATRICIA
Address: 830 AMELIA CT
City-St-Zip: SAINT PETERSBURG, FL 33702

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

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

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: DELORES CASTALDO P 04/20/2009

Electronic Signature of Signing Officer or Director — Date