


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

02-07-2005 90067 030 ****61.25

DOCUMENT # N9800006750
 1. Entity Name
COMMUNITY BENEFIT NETWORK, INC.



Principal Place of Business 3110 FIRST AVE N. 5W ST PETERSBURG, FL 33713	Mailing Address 3110 FIRST AVE N. 5W ST PETERSBURG, FL 33713
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01182005 No Chg-NP CP2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3592226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROUSON, DARRYL E ESQUIRE
 3110 FIRST AVE. N. #5W
 ST PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROUSON, DARRYL 3110 FIRST AVE N #5W ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HOLMES-ROUSEN, ANGELA 3110 FIRST AVE N #5W SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAY-FLOWERS, STACY 3110 FIRST AVE. N. #5W ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILSON, LEILA 3110 FIRST AVE. N. SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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.

SIGNATURE: Stacy Ray Flowers 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #