

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018259

FILED
May 01, 2004
Secretary of State

Entity Name: CLAIMS AND BENEFITS SOLUTIONS INC.

Current Principal Place of Business:

2758 W ATLANTIC BLVD
26
POMPANO BEACH, FL 33069

New Principal Place of Business:

3101 CAPE DRIVE
MARGATE, FL 33063

Current Mailing Address:

2758 W ATLANTIC BLVD
26
POMPANO BEACH, FL 33069

New Mailing Address:

3101 CAPE DRIVE
MARGATE, FL 33063

FEI Number: 65-1087357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAGNEUR, KETNY
426 LAKESIDE DR #248
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

DALRYMPLE, WIDDELL
3101 CAPE DRIVE
MARGATE, FL 33063 US

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: WIDDELL DALRYMPLE

05/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEGAGNEUR, KATELYNE
Address: 3101 CAPE DRIVE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: LEGAGNEUR, KETNY
Address: 426 LAKESIDE DR #248
City-St-Zip: MARGATE, FL 33063

Title: CFO (X) Delete
Name: DALRYMPLE, WIDDELL
Address: 3101 CAPE DRIVE
City-St-Zip: MARGATE, FL 33063

Title: VP (X) Delete
Name: CHARLEMAGNE, JESSICA
Address: 28 E 1ST ST
City-St-Zip: HOWELL, NJ 07731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: DALRYMPLE, WIDDELL
Address: 3101 CAPE DRIVE
City-St-Zip: MARGATE, FL 33063

Title: VP (X) Change () Addition
Name: DALRYMPLE, KATELYNE
Address: 3101 CAPE DRIVE
City-St-Zip: MARGATE, FL 33063

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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WIDDELL DALRYMPLE

CFO

05/01/2004

Electronic Signature of Signing Officer or Director

Date