2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# P01000040030

Entity Name: OLDE FLORIDA BENEFITS GROUP, INC.

Current Principal Place of Business:

1342 COLONIAL BLVD.
BUILDING G, UNIT 52
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

PO BOX 7439
FORT MYERS, FL 339117439

New Mailing Address:

FEI Number: 65-1095889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DINKEL, KIM R
10080 SAN PABLO AVE
FT MYERS, FL 33919 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DINKEL, KIM R
Address: 10080 SAN PABLO AVE
City-St-Zip: FT MYERS, FL 33919

Title: VST ( ) Delete
Name: DINKEL, MATTHEW K
Address: 1420 GRACE AVE
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VST (X) Change ( ) Addition
Name: DINKEL, MATTHEW K
Address: 4831 GRIFFIN BLVD.
City-St-Zip: FT MYERS, FL 33908

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: MATTHEW DINKEL VP 04/12/2005

Electronic Signature of Signing Officer or Director — Date