


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000052682</b> 1. Entity Name <b>OPTICAL BENEFITS, INC.</b>	
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Principal Place of Business <b>450 SR 13 NORTH SUITE 107 JACKSONVILLE, FL 32259</b>	Mailing Address <b>450 SR 13 NORTH SUITE 107 JACKSONVILLE, FL 32259</b>
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04012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3727624</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STOKES, DEBORAH L 2229 VINSON LANE JACKSONVILLE, FL 32207</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000291931</b> <b>04/23/08-80145-007 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STOKES, DEBORAH L 11859 ACOSTA ROAD JACKSONVILLE, FL 32223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STOKES, KAREN D 652 HUMMINGBIRD COURT JACKSONVILLE, FL 32259</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4/10/08</b> Daytime Phone # <b>(904) 399 3640</b>