2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AM Secretary of State 01062006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 01-0667255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

DOCUMENT	# 201000116831

 Entity Name PLATINUM BENEFIT GROUP, INC.



Principal Place of Business

16807 U.S. HIGHWAY 19 NORTH

SUITE A

CLEARWATER, FL 33764

Mailing Address

16807 U.S. HIGHWAY 19 NORTH

SUITE A

CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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SUITE A	HOMAS C COACHMEN RD ATER, FL 33765		·		NOT W THIS SI		. # A
6. The above the obligat	named entity submits this statement for the plants of registered agent.	purpose of cha	nging its registered office or	registered agent, or bo	th, in the State of F	lorida. I am familiai	with, and acc
SIGNATURE.	Signature, typed or printed name of registered agent and title	it applicable	(NOTE: Registered Agent signatur	a required when reinstating)	1	DATE	
Fil After M	E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		Campaign Financing and Contribution.	\$5.00 May Be Added to Fees	U0000 05/05/06	0529992 -80093-005	150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADGRESS CITY-ST-ZIP	OFFICERS AND DIRECT P GIORGIONE, DAVID 16807 U S HWY 19 W CLEARWATER, FL 33769	CTORS				****	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			:		NOT W		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					——————————————————————————————————————	· -	

12. I hereby certify that the information supplied with this filing does not quality 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 empoyered to expecte the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like expowered.

SIGNATURE:

enty-st-zip TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR