

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134554

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: COMPLETE BENEFIT SOLUTIONS, INC.

## Current Principal Place of Business:

9310 OLD KINGS RD S  
SUITE 1701  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

9310 OLD KINGS RD S  
SUITE 1701  
JACKSONVILLE, FL 32257

## New Mailing Address:

FEI Number: 30-0140123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, ANNELIESE  
10869 SKYLARK ESTATES LN  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

CLARK, ANNELIESE  
1336 HIDEAWAY DR S  
JACKSONVILLE, FL 32259 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: ANNELIESE CLARK

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CLARK, ANNELIESE  
Address: 10869 SKYLARK ESTATES LANE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete  
Name: CLARK, NOEL  
Address: 10869 SKYLARK ESTATES LANE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: S ( ) Delete  
Name: CLARK, ANNELIESE  
Address: 10869 SKYLARK ESTATES LANE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T ( ) Delete  
Name: CLARK, NOEL  
Address: 10869 SKYLARK ESTATES LANE  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CLARK, ANNELIESE  
Address: 1336 HIDEAWAY DR S  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP (X) Change ( ) Addition  
Name: CLARK, NOEL  
Address: 1336 HIDEAWAY DR S  
City-St-Zip: JACKSONVILLE, FL 32259

Title: S (X) Change ( ) Addition  
Name: CLARK, ANNELIESE  
Address: 1336 HIDEAWAY DR S  
City-St-Zip: JACKSONVILLE, FL 32259

Title: T (X) Change ( ) Addition  
Name: CLARK, NOEL  
Address: 1336 HIDEAWAY DR S  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANNELIESE CLARK

P

07/05/2006

Electronic Signature of Signing Officer or Director

Date