2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P02000134554

Entity Name: COMPLETE BENEFIT SOLUTIONS, INC.

Current Principal Place of Business:

12276 SAN JOSE BLVD
#529
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12276 SAN JOSE BLVD
#529
JACKSONVILLE, FL 32223

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
1336 HIDEAWAY DR S
JACKSONVILLE, FL 32259 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

OFFICERS AND DIRECTORS:

Title: P
Name: CLARK, ANNELIESE
Address: 1336 HIDEAWAY DR S
City-St-Zip: JACKSONVILLE, FL 32259

Title: CFO
Name: CLARK, NOEL
Address: 1336 HIDEAWAY DR S
City-St-Zip: JACKSONVILLE, FL 32259

Title: S
Name: CLARK, ANNELIESE
Address: 1336 HIDEAWAY DR S
City-St-Zip: JACKSONVILLE, FL 32259

Title: T
Name: CLARK, NOEL
Address: 1336 HIDEAWAY DR S
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: NOEL P. CLARK CFO 04/18/2011

Electronic Signature of Signing Officer or Director Date