2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# P03000016056

Entity Name: SETTLEMENT BENEFITS ASSOCIATION, INC.

Current Principal Place of Business:

5304 W. KENNEDY BLVD
SUITE 107
TAMPA, FL 33609 US

New Principal Place of Business:

3900 WOODLAKE BLVD
SUITE 301
GREENACRES, FL 33463 US

Current Mailing Address:

5304 W. KENNEDY BLVD
SUITE 107
TAMPA, FL 33609 US

New Mailing Address:

3900 WOODLAKE BLVD
SUITE 301
GREENACRES, FL 33463 US

FEI Number: 51-0445887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEISS, NOAM S
10433 ST. TROPEZ PLACE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

WEISS, NOAM S
10297 MEDICIS PL
WELLINGTON, FL 33449 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: NOAM WEISS 02/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: LIPPMAN, ADAM J
Address: 10427 ST. TROPEZ PLACE
City-St-Zip: TAMPA, FL 33615

Title: P ( ) Delete
Name: WEISS, NOAM S
Address: 10433 ST. TROPEZ PLACE
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LIPPMAN, ADAM J
Address: 9755 QUINN CT
City-St-Zip: WELLINGTON, FL 33414

Title: P (X) Change ( ) Addition
Name: WEISS, NOAM S
Address: 10297 MEDICIS PL
City-St-Zip: WELLINGTON, FL 33449 US

I hereby certify that the information supplied with this filing does not qualify 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: NOAM WEISS P 02/13/2009
Electronic Signature of Signing Officer or Director Date