
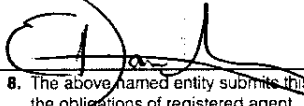
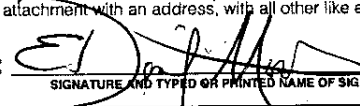


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90004 012 ***150.00

DOCUMENT # P03000032015 1. Entity Name 20/20 BENEFITS, INC.			
Principal Place of Business 3351 N.E. 17TH WAY OAKLAND PARK, FL 33334		Mailing Address 3351 N.E. 17TH WAY OAKLAND PARK, FL 33334	
2. Principal Place of Business 1040 BAYVIEW DR SUITE 522 FT. LAUDERDALE FL 33304		3. Mailing Address 1040 BAYVIEW DR. SUITE 522 FT. LAUDERDALE, FL. 33304	
4. FEI Number 06-1684470		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MORTON, DAN 3351 N.E. 17TH WAY OAKLAND PARK, FL 33334 		7. Name and Address of New Registered Agent Name: MORTON, DAN Street Address (P.O. Box Number is Not Acceptable): 1040 BAYVIEW DR SUITE 522 City: FT. LAUDERDALE FL Zip Code: 33304	
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CEO NAME: MORTON, DAN STREET ADDRESS: 3351 N.E. 17TH WAY CITY-ST-ZIP: OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	TITLE: CEO NAME: MORTON, DAN STREET ADDRESS: 1040 BAYVIEW DR. SUITE 522 CITY-ST-ZIP: FT. LAUDERDALE FL. 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		8/18/04 954568-5995 <small>Date Daytime Phone #</small>	