2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000087793

Entity Name: NATIONAL BENEFITS U.S.A., INC.

Current Principal Place of Business:

1831 S. TAMIAMI TRAIL
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1831 S. TAMIAMI TRAIL
VENICE, FL 34293

New Mailing Address:

FEI Number: 86-1075993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENAISSANACE TAX & BUSINESS SERVICES, INC
5348 DREW RD.
VENICE, FL 34293 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KAY, ROSALIE
Address: 5827 VENISOTA RD.
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: KOLJONEN, RISTO
Address: 5827 VENISOTA RD.
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: KOLJONEN, PANU
Address: 1831 S. TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: KOLJONEN, MIKA
Address: 1831 S. TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PANU KOLJONEN D 04/30/2004

Electronic Signature of Signing Officer or Director — Date