2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059736

Entity Name: TOTAL BENEFITS SOLUTIONS, INC.

FILED Feb 14, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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149 E INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH, FL 321151030

Current Mailing Address: New Mailing Address:

P O BOX 1030 DAYTONA BCH, FL 321151030

in the State of Florida.

FEI Number: 47-0940842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAPEHART, GEORGE W

149 E INTERNATIONAL SPEEDWAY BLVD
DAYTONA BCH, FL 32118 US

MASSFELLER, JULIE
149 E INTERNATIONAL SPEEDWAY BLVD
DAYTONA BCH, FL 32118 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: JULIE MASSFELLER 02/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 SUAREZ, JOEL N
 Name:

 Address:
 149 E INTERNATIONAL SPEEDWAY BLVD
 Address:

 City-St-Zip:
 DAYTONA BCH, FL 32118
 City-St-Zip:

Name: WALSH, MICHAEL D CFO Name: MASSFELLER, JULIE

Address: 149 E INTERNATIONAL SPEEDWAY BLVD Address: 149 E INTERNATIONAL SPEEDWAY BLVD

City-St-Zip: DAYTONA BCH, FL 32118 City-St-Zip: DAYTONA BCH, FL 32118

 $\label{eq:title:title:V} {\sf Title:} \qquad {\sf V} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf C} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name: CAPEHART, GEORGE W Name: REAMES, ELBERT

Address: 149 E INTERNATIONAL SPEEDWAY BLVD Address: 149 E INTERNATIONAL SPEEDWAY BLVD

City-St-Zip: DAYTONA BCH, FL 32118 City-St-Zip: DAYTONA BCH, FL 32118

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: JULIE MASSFELLER T 02/14/2005