

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064974

FILED  
Aug 29, 2006  
Secretary of State

**Entity Name:** PROGRESSIVE BENEFIT SOLUTIONS, INC.

**Current Principal Place of Business:**

283 CRANES ROOST BLVD SUITE 111  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

323 HAVERLAKE CIRCLE  
APOPKA, FL 32712 US

**Current Mailing Address:**

323 HAVERLAKE CIRCLE  
APOPKA, FL 32712

**New Mailing Address:**

PO BOX 915792  
LONGWOOD, FL 32791

**FEI Number:** 61-1464274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROTHSCHILD, JOHN  
323 HAVERLAKE CIRCLE  
APOPKA, FL 32712 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROTHSCCHILD, JOHN  
Address: 323 HAVERLAKE CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Delete  
Name: ROTHSCCHILD, NIKKI A  
Address: 323 HAVERLAKE CIRCLE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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:** JOHN ROTHSCCHILD

P

08/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date