

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000102209

Entity Name: AFFORDABLE HEALTH BENEFITS, INC.

FILED
Jul 20, 2005
Secretary of State

Current Principal Place of Business:

2574 N UNIVERSITY DR
217
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2574 N UNIVERSITY DR
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 20-1338980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLMAN, ROBYN
9514 SW 1ST PLACE
CORAL SPRINGS, FL 33071 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BORUM, DESMOND K
Address: 1620 NW 9TH AV
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VP (X) Delete
Name: MILLMAN, ROBYN
Address: 9514 SW 1ST PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLMAN, ROBYN
Address: 9514 SW 1ST PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

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: ROBYN MILLMAN

P

07/20/2005

Electronic Signature of Signing Officer or Director

Date