

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136507

FILED
Jan 11, 2005
Secretary of State

Entity Name: MORRIS BENEFITS RESEARCH, INC.

Current Principal Place of Business:

8115 WEST GULF BLVD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

8115 WEST GULF BLVD
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 77-0646903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, RICHARD N
8115 WEST GULF BLVD
TREASURE ISLAND, FL 33706 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: CARPENTER, RICHARD N
Address: 8115 WEST GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES () Change (X) Addition
Name: ROBYN, MORRIS
Address: PO BOX 803
City-St-Zip: CHAGRIN FALL, OH 44022

Title: VP () Change (X) Addition
Name: MICHAEL, COHENGREENBERG
Address: 2846 BENTWOOD DR
City-St-Zip: MARIETTA, GA 30062

Title: VP () Change (X) Addition
Name: JOANNE, PECINA
Address: 3827 CENTENNIAL TRAIL
City-St-Zip: DULUTH, GA 30096

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: RICHARD CARPENTER

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01/11/2005

Electronic Signature of Signing Officer or Director

Date