

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136507

FILED  
Jan 25, 2007  
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:

PO BOX 15438  
SAINT PETERSBURG, FL 33733

## 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: PRES ( ) Delete  
Name: ROBYN, MORRIS  
Address: PO BOX 803  
City-St-Zip: CHAGRIN FALL, OH 44022

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

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

## 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 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: RICHARD N CARPENTER

D

01/25/2007

Electronic Signature of Signing Officer or Director

Date