2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P05000012100

Entity Name: ABC BENEFITS GROUP INC.

Current Principal Place of Business:

6413 CONGRESS AVE.
SUITE 230
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6413 CONGRESS AVE.
SUITE 230
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-2262050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHATZ, SAM MR.
6413 CONGRESS AVE.
230
BOCA RATON, FL 33487 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: P ( ) Delete
Name: SHATZ, HAROLD MR.
Address: 5171D LAKE CATALINA DR.
City-St-Zip: BOCA RATON, FL 33496

Title: VP ( ) Delete
Name: TUCKER, STEPHEN M MR.
Address: 6413 CONGRESS AVE.
City-St-Zip: BOCA RATON, FL 33487

Title: SEC. ( ) Delete
Name: SHATZ, SAM MR.
Address: 6413 CONGRESS AVE.
City-St-Zip: BOCA RATON, FL 33487

Title: TREA ( ) Delete
Name: SHATZ, SAM MR.
Address: 6413 CONGRESS AVE.
City-St-Zip: BOCA RATON, FL 33487

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: SAM SHATZ TREA 01/09/2007

Electronic Signature of Signing Officer or Director — Date