2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P05000016298

Entity Name: MEDICAID BENEFITS, INC.

Current Principal Place of Business:

8870 N HIMES AVENUE #257
TAMPA, FL 33614

New Principal Place of Business:

1441 PINE GLEN LANE
B1
TARPON SPRINGS, FL 34688

Current Mailing Address:

8870 N HIMES AVENUE #257
TAMPA, FL 33614

New Mailing Address:

1441 PINE GLEN LANE
B1
TARPON SPRINGS, FL 34688

FEI Number: 47-0949952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRICE, CATHERINE
1441 PINE GLEN LANE
B1
TARPON SPRINGS, FL 34688 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: O ( ) Delete
Name: PRICE, CATHERINE
Address: 1441 PINEGLEN LANE #B1
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: CATHERINE PRICE PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date