

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024491

FILED
Apr 29, 2007
Secretary of State

Entity Name: BENJAMIN FINANCIAL SERVICES, CORP.

Current Principal Place of Business:

2155 AMERICANA BLVD.
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

2155 AMERICANA BLVD.
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 47-0950597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, WILSON
739 KENILWORTH CIR.
#105
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

BENJAMIN, WILSON
2155 AMERICANA BLVD
ORLANDO, FL 32839 US

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: WILSON BENJAMIN

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENJAMIN, WILSON
Address: 739 KENILWORTH CIR. #105
City-St-Zip: HEATHROW, FL 32746

Title: V () Delete
Name: BENJAMIN, SHEENA
Address: 1853 CONCORD DR.
City-St-Zip: APOPKA, FL 32703

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENJAMIN, WILSON
Address: 2155 AMERICANA BLVD
City-St-Zip: ORLANDO, FL 32839

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

Title: S () Change (X) Addition
Name: BENJAMIN, DANN
Address: 1853 CONCORD DR.
City-St-Zip: APOPKA, FL 32703

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: WILSON BENJAMIN

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date