

05-18-2007 90019 049 ***150.00
P05000048378

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG -8 AM 10:21

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000048378 1. Entity Name ULTIMATE HEALTH BENEFITS INC.	
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2963 GULF TO BAY BLVD 110 CLEARWATER, FL 33759	Mailing Address 2963 GULF TO BAY BLVD. 110 CLEARWATER, FL 33759
-------------------------------------------------------------------------------------	--------------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---------------------------------------------------------------------------	-----------------------------------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



04302007 Chg-P CR2E034 (12/06)

4. FEI Number APPLIED FOR 20-2965787	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent SCOTT, MAURO 2963 GULF TO BAY 110 CLEARWATER, FL 33759	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
-------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (DATE) _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when transferring)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
----------------------------------------------------------------------------------	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P NAGEL, KEN 2963 GULF TO BAY BLVD CLEARWATER, FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP THOMPSON, JAMES 2963 GULF TO BAY BLVD SUITE 110 CLEARWATER, FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DIPASQUALE, JOHN 2963 GULF TO BAY SUITE 110 CLEARWATER, FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all block lists empowered.

SIGNATURE:  4-31-07 727-7568242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Phone

2/8/9

ATTACHMENT

Page 2 of 2

- 40116002

Ultimate Health Benefits, Inc
2963 Gulf to Bay Blvd
Suite 110
Clearwater, FL 33759
727-796-8242

May 1, 2007

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Enclosed please find the Florida Annual Corporate report for the following Florida Corporation:

Ultimate Health Benefits, Inc

P05000048378

I attempted, unsuccessfully, to complete the filing on line on April 30th but your servers were not accessible because of the volume of business. Please accept this as being filed on the 30th so I do not get hit with the late filing fees.

I appreciate your assistance in this matter.


Ken Nagel