


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000052046	
1. Entity Name FELDMAN BENEFIT SERVICES, INC.	

Principal Place of Business 15984 BRIER CREEK DRIVE DELRAY BEACH, FL 33446	Mailing Address 871 MOUNTAIN AVE SUITE 120 SPRINGFIELD, NJ 07081
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**DO NOT WRITE IN THIS SPACE**



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0111811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, ELISE  
 15984 BRIER CREEK DRIVE  
 DELRAY BEACH, FL 33446

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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 reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, ELISE 15984 BRIER CREEK DRIVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRNBAUM, SHARON 871 MOUNTAIN AVENUE SPRINGFIELD, NJ 07081
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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 other like empowered.

SIGNATURE: Elise Feldman Date: 2/27/07 Daytime Phone #: 913 376-6117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR