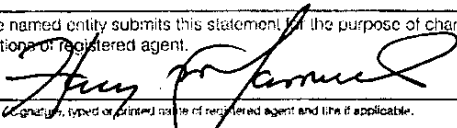
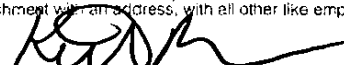


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

05-09-2006 90082 004 ***150.00
09-14-2006 90002 025 ***150.00

DOCUMENT # P05000086342					
1. Entity Name BENSON MANAGEMENT GROUP, INC.					
Principal Place of Business 3126 JOHN P CURCIE DR HALLANDALE, FL 33009			Mailing Address 3126 JOHN P CURCIE DR HALLANDALE, FL 33009		
2. Principal Place of Business 934 N. UNIVERSITY DR Suite, Apt. #, etc. 223 City & State CORAL SPRINGS, FL Zip 33071 Country		3. Mailing Address 934 N UNIVERSITY DR Suite, Apt. #, etc. 223 City & State CORAL SPRINGS, FL Zip 33071 Country			
4. FEI Number 20-3003485				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMUELS, HARRY M 3143 ARBOR LANE HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2901 STIRLING ROAD - SUITE 307 City FT LAUDERDALE FL Zip Code 33312		
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 8/29/06 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning).)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENSON, KEITH 3126 JOHN P CURCIE DR HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	934 N. UNIVERSITY DRIVE # 223 CORAL SPRINGS, FL 33071	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 other like empowered SIGNATURE:  DATE 9/4/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					