2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090717

BARNETT, SHERI

1160 27TH ST SW

NAPLES, FL 34117

Name:

Address: City-St-Zip:

Entity Name: AMBENEFIT SERVICES, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1919 TRADE CENTER WAY 3435 10TH ST N STE 304 STE 2 NAPLES, FL 34109 NAPLES, FL 34103 **Current Mailing Address: New Mailing Address:** 3435 10TH ST N 1919 TRADE CENTER WAY STE 2 STE 304 NAPLES, FL 34109 NAPLES, FL 34104 FEI Number: 56-252553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARCO, STEVEN A 6537 AUTUMN WOODS BLVD NAPLES, FL 34109 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ARCO, STEVEN A Name: Name: 6537 AUTUMN WOODS BLVD Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: () Delete Title: Title: () Change () Addition Name: MORRIS. ROBERT M Name: 6017 PINE RIDGE RD - # 256 Address: Address: NAPLES, FL 34119 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN A. ARCO PRES 04/26/2007