2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147107

Entity Name: PRIME SOURCE BENEFITS, INC.

FILED Jul 13, 2006 Secretary of State

•		,				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6603 VIA REGINA BOCA RATON, FL 33433 US			975 S. CO	975 S. CONGRESS AVENUE		
			112 DELRAY E	BEACH, FL 33445	5 US	
Current M	lailing Address	:	New Maili	New Mailing Address:		
6603 VIA REGINA BOCA RATON, FL 33433 US				NGRESS AVENL	JE	
BOCA RA	TON, FL 33433	US	112 DELRAY BEACH, FL 33445 US			
FEI Number	: 20-3738202	FEI Number Applied For ()	FEI Number Not App	licable () Co	ertificate of Status Desired (X)	
Name and	I Address of Cι	ırrent Registered Agent:	Name and	Address of Nev	v Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US				SUBA, ROMY R MR. 900 MERCHANTS CONCOURSE		
			LL-11	LL-11		
			WESTBUF	RY, FL 11590 US	8	
	named entity sue of Florida.	ubmits this statement for the	purpose of changing	ts registered offic	e or registered agent, or both,	
SIGNATURE: ROMY R SUBA					07/13/2006	
	Electronic	Signature of Registered A	gent		Date	
		2)(b), F.S., the corporation did i	not receive the prior notic	e.		
	S AND DIRECT	7.7	ADDITION	IS/CHANGES TO	OFFICERS AND DIRECTOR	
Title:		Delete	Title:		nange () Addition	
Name: Address:	Name: SUBA, ROMY Address: 675 SACKETT STREET			Name: SUBA, ROMY Address: 675 SACKETT STREET		
City-St-Zip:	BROOKLYN, NY		City-St-Zip:	BROOKLYN, NY 1		
Title:	` '	Delete	Title:	() Ch	ange () Addition	
Name:	,		Name:			
Address: City-St-Zip:	BOCA RATON, F		Address: City-St-Zip:			
Title:	D ()	Delete	Title:	() Ch	ange () Addition	
Name:	,					
Address: City-St-Zip:	1407 BELMONT BOYNTON BEAC		Address: City-St-Zip:			
Title:		Delete	Title:	() Ch	ange () Addition	
Name: VIRGILIO, STEPHEN			Name: Address:			
Address:						

I hereby certify that the information supplied with this filing does not qualify for the 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: ROMY R SUBA D 07/13/2006