

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002894

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: UNION RETIREE BENEFITS, CORP.

## Current Principal Place of Business:

11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076

## New Principal Place of Business:

## Current Mailing Address:

11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076

## New Mailing Address:

FEI Number: 20-5334186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIFLINGER, SUSAN  
11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: SIFLINGER, SUSAN  
Address: 11555 HERON BAY BLVD., SUITE 200  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D (X) Delete  
Name: GRIFFIN, CECIL RAY  
Address: 288 CHEPPEL HILL ROAD  
City-St-Zip: HOT DPRINGSGS, AR 71913

Title: D (X) Delete  
Name: GRIFFIN, PATSY A  
Address: 288 CHEPPEL HILL ROAD  
City-St-Zip: HOT DPRINGSGS, AR 71913

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN SIFLINGER

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date