

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000005378

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** BROWN BENEFIT SOLUTIONS, INC.

**Current Principal Place of Business:**

100 RIALTO PLACE, SUITE #700  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

567 GLENBROOK CIRCLE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

100 RIALTO PLACE  
SUITE #700  
MELBOURNE, FL 32901

**FEI Number:** 20-4117158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, MARK  
567 GLENBROOK CIRCLE  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

BROWN, MARK  
100 RIALTO PLACE  
SUITE #700  
MELBOURNE, FL 32901 US

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:**

03/23/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** BROWN, MARK  
**Address:** 100 RIALTO PLACE SUITE #700  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** VP/T  
**Name:** BROWN, MARK  
**Address:** 100 RIALTO PLACE SUITE #700  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** S  
**Name:** BROWN, MARK  
**Address:** 100 RIALTO PLACE SUITE #700  
**City-St-Zip:** MELBOURNE, FL 32901

I hereby 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 all other like empowered.

**SIGNATURE:** MARK BROWN

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03/23/2010

Electronic Signature of Signing Officer or Director

Date