2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000019825

Entity Name: EMPLOYER BENEFIT ADVISORS, INC.

Current Principal Place of Business:

1724 SE 17TH AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1724 SE 17TH AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, DAVID A JR
1243 SE 22ND AVE
OCALA, FL 34471 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STRICKLAND, RAYMOND N JR
Address: 3315 SE 25TH AVE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: HEALY, DONNA M
Address: 3315 SE 25TH AVENUE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RAYMOND N. STRICKLAND PRES 04/27/2007

Electronic Signature of Signing Officer or Director — Date