

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127254

Entity Name: BENEFITS INSURANCE GROUP INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

4014 GUNN HWY.  
95  
TAMPA, FL 33618 US

## New Principal Place of Business:

14452 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33613 US

## Current Mailing Address:

4014 GUNN HWY.  
95  
TAMPA, FL 33618 US

## New Mailing Address:

P.O. BOX 46956  
TAMPA, FL 33646 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILKINS, THOMAS E  
4014 GUNN HWY  
95  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

WILKINS, THOMAS E  
14452 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33613 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: THOMAS WILKINS

04/29/2009

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILKINS, THOMAS E  
Address: 4014 GUNN HWY #95  
City-St-Zip: TAMPA, FL 33618 US

Title: D ( ) Delete  
Name: SOLEY, JAMES P  
Address: 4014 GUNN HWY #95  
City-St-Zip: TAMPA, FL 33618 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILKINS, THOMAS E  
Address: 14452 BRUCE B. DOWNS BLVD.  
City-St-Zip: TAMPA, FL 33613 US

Title: D (X) Change ( ) Addition  
Name: SOLEY, JAMES P  
Address: 14452 BRUCE B. DOWNS BLVD.  
City-St-Zip: TAMPA, FL 33613 US

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: THOMAS WILKINS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date