

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000128333

Entity Name: AMERICAN BENEFIT PLAN, INC.

FILED
Oct 17, 2007
Secretary of State

Current Principal Place of Business:

102 NE 2ND STREET, #394
BOCA RATON, FL 33432

New Principal Place of Business:

4244 W. TENNESSEE ST. #205
TALLAHASSEE, FL 32304

Current Mailing Address:

102 NE 2ND STREET, #394
BOCA RATON, FL 33432

New Mailing Address:

4244 W. TENNESSEE ST. #205
TALLAHASSEE, FL 32304

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GALLETS, EUNICE
2825 SW 22ND AVE.
STE. 105
DELRAY BEACH, FL 33445 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: EUNICE GALLETS

10/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOPER, JOHN
Address: 102 NE 2ND STREET, #394
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: CHRISTENSEN, BLAKE
Address: 102 NE 2ND STREET, #394
City-St-Zip: BOCA RATON, FL 33432

Title: SD () Delete
Name: TOHA, MARTIN
Address: 102 NE 2ND STREET, #394
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LASALA, MICHAEL
Address: 4244 W. TENNESSEE ST. #205
City-St-Zip: TALLAHASSEE, FL 32304

Title: TD (X) Change () Addition
Name: LASALA, MICHAEL
Address: 4244 W. TENNESSEE ST. #205
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD (X) Change () Addition
Name: LASALA, MICHAEL
Address: 4244 W. TENNESSEE ST. #205
City-St-Zip: TALLAHASSEE, FL 32304

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: MICHAEL LASALA

PD

10/17/2007

Electronic Signature of Signing Officer or Director

Date