2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P06000151044

Entity Name: MEDICARE ADVANTAGE SUPPORT TEAM, INC.

Current Principal Place of Business:

2525 OLD OKEECHOBEE ROAD
SUITE 9
WEST PALM BEACH, FL 33416

New Principal Place of Business:

111 AKRON ROAD
LAKE WORTH, FL 33467

Current Mailing Address:

P.O BOX 21106
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 20-5990466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATYSKIEL, ROBERT E
2525 OLD OKEECHOBEE ROAD
SUITE 9
WEST PALM BEACH, FL 33416 US

Name and Address of New Registered Agent:

MATYSKIEL, ROBERT E
111 AKRON ROAD
LAKE WORTH, FL 33467 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: 04/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MATYSKIEL, ROBERT E
Address: P.O.BOX 21106
City-St-Zip: WEST PALM BEACH, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT MATYSKIEL P 04/21/2009
Electronic Signature of Signing Officer or Director — Date