2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153209

Entity Name: PUBLIC BENEFIT SERVICES CORPORATION

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1605 MAIN STREET **SUITE 1001** SARASOTA, FL 34236 **New Mailing Address: Current Mailing Address:** 1605 MAIN STREET **SUITE 1001** SARASOTA, FL 34236 FEI Number: 84-1722078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDSMITH, STANLEY A 1605 MAIN STREET SUITE 1001 SARASOTA, FL 34236 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: DPAT (X) Change () Addition Name: TAYLOR, DANIEL S Name: CARALLO, MICHAEL 3864 MONICA PARKWAY 3001 JENNINGS DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: DS () Change (X) Addition Name: Name: CARALLO, SHARON 3001 JENNINGS DRIVE Address: Address: SARASOTA, FL 34239 City-St-Zip: City-St-Zip: Title: Title: () Delete **VPAS** () Change (X) Addition GOLDSMITH, STANLEY A Name: Name: 1605 MAIN STREET, SUITE 1001 Address Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34236 Title: () Delete Title: () Change (X) Addition GOLDSMITH, STANLEY A Name: Name: Address: Address: 1605 MAIN STREET, SUITE 1001 City-St-Zip: City-St-Zip: SARASOTA, F 34236

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: STANLEY A. GOLDSMITH VP 04/30/2009