2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011583

1501 S. CHURCH AVE

TAMPA, FL 33629

Address: City-St-Zip:

Entity Name: MANGROVE BENEFIT SERVICES INC

FILED Apr 22, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1501 S. CI TAMPA, F	HURCH AVE L 33629				
Current Mailing Address:			New Mailing Address:		
1501 S. CI TAMPA, F	HURCH AVE L 33629				
FEI Number	: 20-8339348	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:					
401 CLEARWA The above	J.S. 19 NORTH ATER, FL 3370	64 US	urpose of changing its registered	office or registered agent, or both,	
SIGNATUI					
Electronic Signature of Registered Agent			nt	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () CANGEMI, RIC 1501 S. CHURO TAMPA, FL 33	CH AVE.	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	CTO () ZUGAY, PAUL 1501 S. CHRUG TAMPA, FL 33	CH AVE	Title: (Name: Address: City-St-Zip:)Change ()Addition	
Title: Name:	CFO () MILLS, ROBER) Delete IT W	Title: (Name:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: BOB MILLS CFO 04/22/2009