

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089973

**FILED**  
**Apr 04, 2008**  
**Secretary of State**

**Entity Name:** GRACE IGNICO CORPORATE BENEFITS GROUP, INC.

**Current Principal Place of Business:**

159 OSCEOLA RD.  
BELLEAIR, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

159 OSCEOLA RD.  
BELLEAIR, FL 33756

**New Mailing Address:**

FEI Number: 68-0656826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IGNICO, GRACE  
159 OSCEOLA RD.  
BELLEAIR, FL 33756 US

**Name and Address of New Registered Agent:**

IGNICO, GRACE E  
159 OSCEOLA RD.  
BELLEAIR, FL 33756 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: GRACE E. IGNICO

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: IGNICO, GRACE  
Address: 159 OSCEOLA RD.  
City-St-Zip: BELLEAIR, FL 33756

**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: GRACE E. IGNICO

D

04/04/2008

Electronic Signature of Signing Officer or Director

Date