2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P07000127527

Entity Name: NATIONAL HEALTH BENEFITS GROUP, INC.

Current Principal Place of Business:

7068 SAINT CLAIR COURT
LAKE WORTH, FL 33467 US

New Principal Place of Business:

370 WEST CAMINO GARDENS BLVD.
SUITE 201G
BOCA RATON, FL 33432 US

Current Mailing Address:

7068 SAINT CLAIR COURT
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 45-0581541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRATELLO, PHILIP D
7068 SAINT CLAIR COURT
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: RAPHAEL, BRIAN S
Address: 6603 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433 US

Title: T,S ( ) Delete
Name: CARRATELLO, PHILIP D
Address: 7068 SAINT CLAIR COURT
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Delete
Name: CARRATELLO, CHRISTOPHER J
Address: 7068 SAINT CLAIR COURT
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAPHAEL, BRIAN S
Address: 19705 DINNER KEY DR.
City-St-Zip: BOCA RATON, FL 33498 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PHILIP D. CARRATELLO TS 04/06/2009

Electronic Signature of Signing Officer or Director Date