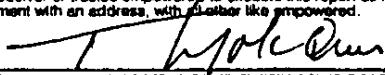


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

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03-03-2008 90203 031 ***150.00

DOCUMENT # P07000133728 1. Entity Name FLORIDA TRUST HEALTH BENEFITS, INC.					
Principal Place of Business 5569 SALEM SQUARE DRIVE SOUTH PALM HARBOR, FL 34685 US			Mailing Address 5569 SALEM SQUARE DRIVE SOUTH PALM HARBOR, FL 34685 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-2328264	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCQUEEN, THOMAS J 5569 SALEM SQUARE DRIVE SOUTH PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P MCQUEEN, THOMAS J 5569 SALEM SQUARE DRIVE SOUTH PALM HARBOR, FL 34685	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP ALSUM, MARK A 19207 INLET COVE COURT LUTZ, FL 33558	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S ALSUM, MELANIE S 19207 INLET COVE COURT LUTZ, FL 33558	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T MCQUEEN, DOROTHY A 5569 SALEM SQUARE DRIVE SOUTH PALM HARBOR, FL 34685	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.					
SIGNATURE: 			Date: 2/26/08 727-544-1850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66003954



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