2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# P07000135285

Entity Name: FAMILY BENEFITS PLANNING GROUP, INC.

Current Principal Place of Business:

3356 SW FOREMOST DRIVE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

3209 PORT ST LUCIE BLVD
SUITE 186
PORT ST. LUCIE, FL 34953

Current Mailing Address:

3356 SW FOREMOST DRIVE
PORT ST. LUCIE, FL 34953

New Mailing Address:

3209 PORT ST LUCIE BLVD
SUITE 186
PORT ST. LUCIE, FL 34953

FEI Number: 26-1660932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAMOULIS, ANTHONY J
3356 SW FOREMOST DRIVE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

DAMOULIS, ANTHONY J
3209 PORT ST LUCIE BLVD
SUITE 186
PORT ST. LUCIE, FL 34953 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: _____ 03/09/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASCIO, DANIEL
Address: 1040 MURANO BAY DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete
Name: DAMOULIS, ANTHONY J
Address: 3356 SW FOREMOST DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S (X) Delete
Name: ALMOND, JOHN
Address: 749 MANATEE BAY DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAMOULIS, ANTHONY J
Address: 3209 PORT ST LUCIE BLVD, STE 186
City-St-Zip: PORT ST LUCIE, FL 34953

Title: S (X) Change ( ) Addition
Name: DAMOULIS, VERONICA A
Address: 3209 PORT ST LUCIE BLVD, STE 186
City-St-Zip: PORT ST. LUCIE, FL 34953

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: AJDAMOULIS P 03/09/2009
Electronic Signature of Signing Officer or Director — Date