2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07714

Entity Name: BENEFITSCORP, INC.

FILED Mar 09, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111						
Current Mailing Address:			New Mail	New Mailing Address:		
8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111						
FEI Number:	84-0993822	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:						
		Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SELLER, GREGO	MAN AVENUE, SUITE 1460	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition SELLER, GREGORY E 18101 VON KARMAN AVENUE, SUITE 560 IRVINE, CA 92612 US		
Title: Name: Address: City-St-Zip:	SHAW, ROBERT 8515 EAST ORCH		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BYRNE, BEVERL 8515 EAST ORCH		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DERBACK, GLEN 8515 EAST ORCH		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WOODEN, DOUG 8515 EAST ORCH		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	NELSON, CHARL 8515 EAST ORCI		Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: BEVERLY A. BYRNE SCO 03/09/2006