

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045629

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** THIRD PARTY BENEFITS OF FLORIDA, INC.

**Current Principal Place of Business:**

831 N. HERCULES AVE.  
CLEARWATER, FL 33765

**New Principal Place of Business:**

26133 U.S. HIGHWAY 19 NORTH  
SUITE 308  
CLEARWATER, FL 33763

**Current Mailing Address:**

831 N. HERCULES AVE.  
CLEARWATER, FL 33765

**New Mailing Address:**

26133 U.S. HIGHWAY 19 NORTH  
SUITE 308  
CLEARWATER, FL 33763

**FEI Number:** 38-3782994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RITTER, JULIE  
831 N. HERCULES AVE.  
CLEARWATER, FL 33765 US

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

RITTER, JULIE  
26133 U.S. HIGHWAY 19 NORTH  
SUITE 308  
CLEARWATER, FL 33763 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:

04/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BROOKS, THOMAS  
Address: 26133 U.S. HIGHWAY 19 NORTH, SUITE 308  
City-St-Zip: CLEARWATER, FL 33763

Title: PST  
Name: RITTER, JULIE  
Address: 26133 U.S. HIGHWAY 19 NORTH, SUITE 308  
City-St-Zip: CLEARWATER, FL 33763

I hereby 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 all other like empowered.

SIGNATURE: JULIE RITTER

PST

04/29/2010

Electronic Signature of Signing Officer or Director

Date