2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

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Entity Name: UNLIMITED PREMIUM BENEFITS INC.

Current Principal Place of Business:

214 N VOLUSIA AVE
UPSTAIRS
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

2578 ENTERPRISE RD
191
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADE, ALEX
1465 ELKCAM BLVD
DELTONA, FL 32725 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

OFFICERS AND DIRECTORS:

Title: P
Name: WADE, KARI J
Address: PO BOX 740312
City-St-Zip: ORANGE CITY, FL 32774

Title: VP
Name: SPROUT, BLAKE E
Address: 1600 BIG TREE RD APT A3
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: MGM
Name: NEWCOMER, DAVID
Address: PO BOX 740312
City-St-Zip: ORANGE CITY, FL 32774

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: KARI WADE P 01/12/2012

Electronic Signature of Signing Officer or Director Date