

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000007020

1. Entity Name
DISTINCTIVE BENEFITS OF FLORIDA, INC.



FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90178 042 ***150.00

| | | | | | | |
|--|---------|---|---------|--|--|--|
| Principal Place of Business | | Mailing Address | | | | |
| 1510 COMMERCIAL PARK DRIVE SUITE #3 LAKELAND, FL 33801 US | | 1510 COMMERCIAL PARK DRIVE SUITE #3 LAKELAND, FL 33801 US | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| REVER, THEODORE E III 590 E STAFFORD STREET BARTOW, FL 33830 | | | | 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 _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renaming) DATE _____

| | | | | |
|---|---|--|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PTD REVER, THEODORE E III 590 E STAFFORD STREET BARTOW, FL 33830 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD REVER, KATHLEEN A 619 SOMERSET LOOP AUBURNDALE, FL 33823 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REVER, JESSICA A 590 E STAFFORD STREET BARTOW, FL 33830 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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, in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



04262006 Chg-P CR2E034 (11/05)