2005 FOR PROFIT CORPORATION

FILED Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90308 040 ***158.75

ANNUAL REPORT						
DOCUMENT # P92000014808 1. Entity Name PINNACLE BENEFITS, INC.						
Principal Place of Business	Mailing Address					
701 U S HIGHWAY ONE SUITE 200	701 U S HIGHWAY ONE SUITE 200					

PINNACL	E BENE	FITS, INC.									
Principal Plac		s	Mailing Address 701 U S HIGHWAY	ONE			2	003896	1		
SUITE 200 North Palm	M BEACH, FL	. 33408 US	SUITE 200 North Palm Bea		08 US		4 10011001 148		****		TAUTI D IJUD
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.					02092005	Chg-P	CR2E	E034 (10/03)	ı		
City & State City & State					4. FEI Number 65-0376			—	pplied For lot Applicable		
Zip	· · · · · · · · · · · · · · · · · · ·	Country	Zip	Cour	Country			of Status Desired	Ø	\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registered Agent		Name		7. Name and	Address of New	Registered	Agent	
HARRIS, 0 11380 PRO SUITE 201	OSPERIT	E Y FARMS RD				ddress (f	P.O. Box Number	r is Not Acceptab	ole)		
PALM BEA	ACH GAR	DENS, FL 33410			City					7in Cou	
8. The above	named entit	y submits this statement fo	r the purpose of changing	ng its register		r register	ed agent, or both	n, in the State of F	Florida, I an		
	tions of regis							, 110 01210 01 1			, and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signat	ure required	when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.0	9. Election Ca Trust Fund	mpaign Finar Contribution,			00 May Be ad to Fees				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OF	FICERS AN	D DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS	1	REDERICK R HWY. ONE, SUITE 200	☐ Delete	TITLI NAM CYDI						☐ Change	Addition
CITY-ST-ZIP	NORTH F	ALM BEACH, FL 3340	8		-SI-ZIP						
NAME	D STEPHEN	IS, SAM A	Delete	TITLI Nam		ANI	ONID P	AILLACI		Change	Addition
STREET ADGRESS CITY-ST-ZIP		HWY. ONE, SUITE 200 ALM BEACH, FL 3340			EET ADORESS '- ST-ZIP	NO	US H16 CTH PAZ	MULACI HWAY O M BEAC	HIF	L 334	10 8
TITLE NAME	PD	UEDISILI, DEBRA	☐ Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	701 U.S F	HIGHWAY ONE, STE 20 PALM BEACH, FL 3340	•	STRE	EET ADDRESS '-ST-ZIP						
TITLE	VD		Delete	TITL	E	V				Change	Addition
NAME STREET ADDRESS		HIGHWAY ONE, STE 2			EET ADDRESS	701	N. N. BU	yway or	VE, 51	€ 200	_
CITY-ST-ZIP TITLE	VT	ALM BEACH, FL 3340	Defete	TITL	'-ST-ZIP E	VT		n BEAC	H, FL		Addition
NAME STREET ADDRESS		DENNIS F IIGHWAY ONE, STE 20	00	NAM STRE	IE EET ADDRESS	Ku1	NAR GU US HIGI	RSAHAN HWAY C	ole, s	su ite	200
CITY-ST-ZIP TITLE	NORTH F	ALM BEACH, FL 3340	8 Defete	CITY	-ST-ZIP	NOR	TH PAL	M BEAG	CH, F	Channe	0 8 M Addition
NAME STREET ADDRESS	MISIASZE	EK, MELODY A RIGHWAY ONE, STE 20		NAM	ie Eet address	MAR	4 BALDO	o that of the BEA	NE, S	UITE ƏL	20
City-St-Zip	NORTH F	ALM BEACH, FL 3340	8	CITY	+ST-ZIP	NON	ITH PA	m BEA	ACH,	PL 33	408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

Teld of These as 3ck MELODY A. MisiAS26K 4.14.05
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 1 800-276-1898