2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P93000071930

Entity Name: CORPORATE BENEFIT SYSTEMS OF FLORIDA, INC.

Current Principal Place of Business:

643 OLD YORK ROAD
NESHANIC STATION, NJ 08853 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 460
MARCO ISLAND, FL 34146

New Mailing Address:

FEI Number: 65-0443810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, WILLIAM G ESQ
247 N. COLLIER BLVD.
#202
MARCO ISLAND, FL 34145 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: GARAFOLA, LARRY
Address: 643 OLD YORK ROAD
City-St-Zip: NESHANIC STATION, NJ 08853 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: GARAFOLA, LAWRENCE F
Address: 161 SOUTH BEACH DRIVE
City-St-Zip: MARCO ISLAND, FL 34145 US

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE F GARAFOLA PSD 02/18/2009

Electronic Signature of Signing Officer or Director Date