2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P94000044561

Entity Name: NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.

Current Principal Place of Business:

2010 NW 150 AVENUE
SUITE 100
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

2010 NW 150 AVENUE
SUITE 100
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 65-0498809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PETERS, KARIN A
2010 NW 150 AVENUE
SUITE 100
PEMBROKE PINES, FL 33028 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:	CEO	( ) Delete
Name:	DAY, JOHN B	
Address:	860 SW 150TH TERR	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	CFO	( ) Delete
Name:	DAY, CAROLYN S	
Address:	860 SW 150TH TERR	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	COO	( ) Delete
Name:	PETERS, KARIN	
Address:	1020 WILSHIRE CIRCLE W	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	V	( ) Delete
Name:	SIINO, PHILIP	
Address:	6200 PLYMOUTH LANE	
City-St-Zip:	DAVIE, FL 33331	
Title:	V	( ) Delete
Name:	MAST, DAVID E	
Address:	2816 SACK DRIVE B	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	V	( ) Delete
Name:	ARAGUEZ, MARIA	
Address:	6140 SW 18TH STREET	
City-St-Zip:	MIAMI, FL 33155	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CAROLYN S. DAY CFO 03/24/2009

Electronic Signature of Signing Officer or Director — Date