

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044561

FILED
Jan 12, 2010
Secretary of State

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
Name: DAY, JOHN B
Address: 860 SW 150TH TERR
City-St-Zip: PEMBROKE PINES, FL 33027

Title: CFO
Name: DAY, CAROLYN S
Address: 860 SW 150TH TERR
City-St-Zip: PEMBROKE PINES, FL 33027

Title: COO
Name: PETERS, KARIN
Address: 1020 WILSHIRE CIRCLE W
City-St-Zip: PEMBROKE PINES, FL 33027

Title: V
Name: SIINO, PHILIP
Address: 6200 PLYMOUTH LANE
City-St-Zip: DAVIE, FL 33331

Title: V
Name: MAST, DAVID E
Address: 2816 SACK DRIVE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: V
Name: ARAGUEZ, MARIA
Address: 6140 SW 18TH STREET
City-St-Zip: MIAMI, FL 33155

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: KARIN PETERS

COO

01/12/2010

Electronic Signature of Signing Officer or Director

Date