


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90014 038 \*\*\*150.00

<b>DOCUMENT # P95000021012</b>	
<b>1. Entity Name</b> <b>FAMILY BENEFITS, INC.</b>	

<b>Principal Place of Business</b> 31 EAST MACARTHUR CRESENT B207 SANTA ANA CA 92707 US	<b>Mailing Address</b> 31 EAST MACARTHUR CRESENT B207 SANTA ANA CA 92707 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>	
BELLEMARE, DIJON 401 N.E. MISNER BLVD. T-202 BOCA RATON FL 33432	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable) 401 N.E. MISNER BLVD.	
City	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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>NAME</b>
PVST	SHELDON, ESTELLE M
<b>STREET ADDRESS</b>	31 EAST MAC ARTHUR CRESENT B-207
<b>CITY-ST-ZIP</b>	SANTA ANA CA 92707
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
D	SHELDON, ESTELLE M
<b>STREET ADDRESS</b>	31 EAST MAC ARTHUR CRESENT B207
<b>CITY-ST-ZIP</b>	SANTA ANA CA 92707
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<b>NAME</b>
PST	Sheldon, Estelle M.
<b>STREET ADDRESS</b>	31 East Mac Arthur Crescent - B207
<b>CITY-ST-ZIP</b>	Santa Ana, CA 92707
<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>
V	Kalleck, Edwin
<b>STREET ADDRESS</b>	11308 - 127 PLACE N.E.
<b>CITY-ST-ZIP</b>	Kirkland WA 98033
<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**12. 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.**

**SIGNATURE:** Estelle M. Sheldon - President **2/16/04** **714-546-1647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #