

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026855

Entity Name: BENEFIT SOLUTIONS, INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

400 S.R. 436
#208
CASSELBERRY, FL 32707

Current Mailing Address:

P.O. BOX 181427
CASSELBERRY, FL 32718

New Principal Place of Business:

101 SUNNYTOWN ROAD
100
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3305138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COGGINS, BARBARA
400 S.R. 436
SUITE 208
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

COGGINS, BARBARA
101 SUNNYTOWN ROAD
SUITE 100
CASSELBERRY, FL 32707 US

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:

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COGGINS, BARBARA
Address: 1680 CRACKER CREEK CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BARBARA COGGINS

MS.

02/18/2009

Electronic Signature of Signing Officer or Director

Date