


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000062863 1. Entity Name BENEFITS, INC.	
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Principal Place of Business 2499 UPPER PARK RD ORLANDO, FL 32814 US	Mailing Address PO BOX 5220 WINTER PARK, FL 32792 US
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01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3335809	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STEINBERG, BARBARA 2499 UPPER PARK RD ORLANDO, FL 32814

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000784496 01/16/08-80058-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, BARBARA 2499 UPPER PARK RD ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, WAYNE 2499 UPPER PARK RD ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, LESLIE 2499 UPPER PARK RD ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1/9/08 407-657-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #