

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096775

FILED
Apr 09, 2009
Secretary of State

Entity Name: ASSOCIATION BENEFITS SOLUTIONS, INC.

Current Principal Place of Business:

3246 DUNGARVIN DR
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 13908
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3362079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINAX, ROBERT
3246 DUNGATIN DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

MULLINAX, ROBERT
3246 DUNGARVIN DR
TALLAHASSEE, FL 32309 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:

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPM () Delete
Name: MULLINAX, ROBERT E
Address: 3246 DUNGARVIN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: P () Delete
Name: TUTEN, JAMES T
Address: 3246 DUNGARVIN DR
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT E. MULLINAX

VPM

04/09/2009

Electronic Signature of Signing Officer or Director

Date