

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027964

FILED
Apr 16, 2010
Secretary of State

Entity Name: C.R.S. MEDICAL BENEFITS, INC.

Current Principal Place of Business:

5006 TROUBLE CREEK ROAD
SUITE 226
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1049
ELFERS, FL 34680 US

New Mailing Address:

FEI Number: 59-3382974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, WILLIAM O
5006 TROUBLE CREEK ROAD
STE. 226
NEW PORT RICHEY, FL 34652 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: P
Name: WALKER, WILLIAM O
Address: 5006 TROUBLE CREEK RD, #226
City-St-Zip: NEW PORT RICHEY, FL 34652

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: WILLIAM O WALKER

PRES

04/16/2010

Electronic Signature of Signing Officer or Director

Date