

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000028678

Entity Name: BENEFITS NETWORK, INC.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

621 NW 53 STREET  
240  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

621 NW 53 STREET  
240  
BOCA RATON, FL 33487 US

**New Mailing Address:**

FEI Number: 65-0655307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUTSTEIN, MICHAEL W  
621 NW 53 STREET  
240  
BOCA RATON, FL 33487 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: RUTSTEIN, MICHAEL W  
Address: 621 NW 53 STREET #240  
City-St-Zip: BOCA RATON, FL 33487

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: MICHAEL W. RUTSTEIN

PRES

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date