2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040185

14213 BANBURY WAY

TAMPA, FL 33624

Address:

City-St-Zip:

Entity Name: FEDERAL BENEFIT COORDINATORS, INC.

FILED Apr 06, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|--------------------------------|---|---|--|
| 14213 BAN TAMPA, F | NBURY WAY L 33624 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 14213 BAN TAMPA, F | NBURY WAY L 33624 | | | | |
| FEI Number: | : 59-3377689 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address of | of New Registered Agent: | |
| | BERNARDO F NBURY WAY L 33624 US | | | | |
| | named entity s e of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electron | ic Signature of Registered Ag | gent | Date | |
| Election Car | mpaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | P () ARENAS, BERN 14213 BANBUR TAMPA, FL 336 | Y WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () ARENAS, TONY 14213 BANBUR TAMPA, FL 336 | Y WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T () ARENAS, ASHL 14213 BABBUR TAMPA, FL 336 | Y WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | VP () | Delete | Title: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: BERNARD F. ARENAS, III P 04/06/2009