2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2006 08:00 AM DOCUMENT # P96000065827 Secretary of State 1. Entity Name LAURA BENSON & ASSOCIATES, INC. Principal Place of Business Mailing Address 130 W. SYBELIA AVENUE MAITLAND FL 32751 130 W. SYBELIA AVENUE MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3400600 Not Applicat: Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENSON, LAURA M 130 W. SYBELIA AVENUE Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 Zip Code 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, typed or profed name of registered agent and title it applicable DATE (NOTE Registered Agent signature required when reinstelling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE THREE ☐ Defete ☐ Change BENSON, LAURA M NAME NAME STREET ADDRESS 130 W. SYBELIA AVENUE STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete 7171 F ☐ Change Addition 1100000443284 03/04/06-80058-023 158.75 NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-27F CITY-ST-ZIP TIME ☐ Defate TITLE ☐ Change 🔲 Addition **REALASE** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Defete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-SI-ZIP TITLE Delete Change 73715 Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP C37Y-31-3/P Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Xaura M. Xxxx

1401)599-0045

FILED