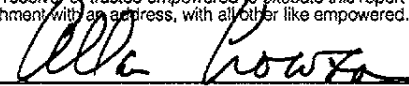


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000006387		
1. Entity Name NATIONAL BENEFITS GROUP OF AMERICA, INC.		
Principal Place of Business 8001 NO DALE MABRY STE 501 H TAMPA, FL 33614 US	Mailing Address POST OFFICE BOX 273716 TAMPA, FL 33688-3716	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CROWSON, ALLAN L 8001 NO DALE MABRY STE 501 H TAMPA, FL 33614		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U00000540552 05/10/06-80023-007 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROGAN, DAVID D 8001 NO DALE MABRY STE 5014 TAMPA, FL 33614	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROWSON, ALLAN L 8001 NO DALE MABRY STE 5014 TAMPA, FL 33614	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: x 		x 4-21-06 (813) 933-8219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3420988	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	