

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000006387 1. Entity Name NATIONAL BENEFITS GROUP OF AMERICA, INC.	
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Principal Place of Business 7829 N. DALE MABRY STE 202 TAMPA, FL 33614 US	Mailing Address POST OFFICE BOX 273716 TAMPA, FL 33688-3716
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DO NOT WRITE IN THIS SPACE



04062008 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

6. Name and Address of Current Registered Agent CROWSON, ALLAN L 7829 N. DALE MABRY STE 202 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROGAN, DAVID D 7829 N. DALE MABRY, STE 202 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWSON, ALLAN L 7829 N. DALE MABRY, STE 202 TAMPA, FL 33614
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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: *Allan Crowson* **Allan Crowson** x 4/25/08 (813) 933-8219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #