2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# P97000006387

Entity Name: NATIONAL BENEFITS GROUP OF AMERICA, INC.

Current Principal Place of Business:

7829 N. DALE MABRY
STE 202
TAMPA, FL 33614 US

New Principal Place of Business:

3102 W WATERS AV
STE 103
TAMPA, FL 33614 US

Current Mailing Address:

POST OFFICE BOX 273716
TAMPA, FL 336883716

New Mailing Address:

POST OFFICE BOX 273716
TAMPA, FL 336883716 US

FEI Number: 59-3420988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWSON, ALLAN L
7829 N. DALE MABRY
STE 202
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

CROWSON, ALLAN L
3102 W WATERS AV
STE 103
TAMPA, FL 33614 US

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: 02/13/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROGAN, DAVID D
Address: 7829 N. DALE MABRY, STE 202
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: CROWSON, ALLAN L
Address: 7829 N. DALE MABRY, STE 202
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BROGAN, DAVID D
Address: 3102 W WATERS AV., STE103
City-St-Zip: TAMPA, FL 33614 US

Title: D (X) Change ( ) Addition
Name: CROWSON, ALLAN L
Address: 3102 W WATERS AV., STE 103
City-St-Zip: TAMPA, FL 33614 US

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.

SIGNATURE: ALLAN L CROWSON VP 02/13/2009
Electronic Signature of Signing Officer or Director — Date