


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000025146 1. Entity Name FRINGE BENEFITS INTERNATIONAL, INC.	
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Principal Place of Business 1181 SOUTH ROGERS CIRCLE SUITE 32 BOCA RATON, FL 33487 US	Mailing Address 1181 SOUTH ROGERS CIRCLE SUITE 32 BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE

07092007 No Chg-P CR2E034 (11/05)

4. FCI Number 65-0765474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, WENDY
1181 SOUTH ROGERS CIRCLE
SUITE 32
BOCA RATON, FL 33487**

**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 **09/13/07**

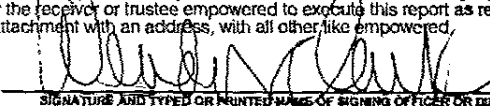
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, WENDY 1181 S. ROGERS CIRCLE BOCA RATON, FL 33487
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IN THIS SPACE**

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