



**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

60003780

<b>DOCUMENT # P97000044988</b>						01-19-2007 90036 045 ***150.00	
1. Entity Name <b>BEN-TEK PRODUCTS, INC.</b>							
Principal Place of Business <b>2201 SE INDIAN ST, #H-22 STUART, FL 34997</b>			Mailing Address <b>2201 SE INDIAN ST, #H-22 STUART, FL 34997</b>			<b>60003780</b> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01162007 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0776824</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent <b>WITEK, CAROL A 2201 SE INDIA ST., #H-22 STUART, FL 34997</b>				7. Name and Address of New Registered Agent Name <b>2201 SE Indian St.</b> Street Address (P.O. Box Number is Not Acceptable) <b>#H22</b> City <b>FL</b> 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 <u><i>Carol A. Witek</i></u> DATE <u>1-19-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO WITEK, RONALD P 1265 SW BARGELLO AVE PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u><i>Carol A. Witek / Carol A. Witek</i></u>				DATE <u>1-19-07</u> 772-286-3663			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			