2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054697

Entity Name: EMPLOYER'S BENEFIT PLANNING GROUP, INC.

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	MMERCE WAY KES, FL 33016				
Current Mailing Address:			New Mailing Address:		
	MMERCE WAY (ES, FL 33016				
FEI Number	: 65-0779616	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	, RITA 157 TERRACE (ES, FL 33016				
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ALVAREZ, RITA 8385 NW 157 T MIAMI LAKES,	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ALVAREZ, RUE 8385 NW 157 T MIAMI LAKES,	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RITA ALVAREZ PD 01/05/2008