## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000096926

**FILED** Feb 23, 2007 Secretary of State

Entity Name: EFFECTIVE BENEFITS, INC. **Current Principal Place of Business: New Principal Place of Business:** 104 N. EVERS ST., STE, 101 PLANT CITY, FL 33563 **Current Mailing Address: New Mailing Address:** 104 N. EVERS ST., STE. 101 PLANT CITY, FL 33563 FEI Number: 59-3482726 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, MICHAEL F 104 N EVERS STREET STE 101 PLANT CITY, FL 33563 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition SMITH, MICHAEL F SMITH, MICHAEL F Name: Name: 1901 COUNTRY CLUB COURT 1901 COUNTRY CLUB COURT Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: PLANT CITY, FL 33566 VΡ () Delete Title: () Change () Addition Name:

Title:

Name: SCHNEIDER, STEVEN P 104 N. EVERS ST., STE. 101 Address: PLANT CITY, FL 33563 City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: MICHAEL F. SMITH DIR 02/23/2007