

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|  |   |   |                                    |  |  |  |
|--|---|---|------------------------------------|--|--|--|
| <b>DOCUMENT # P97000098265</b>   |   |    |                                    |  |  |  |
| 1. Entity Name<br><b>HILLCREST BENEFIT ADMINISTRATORS, INC.</b>  |   |   |                                    |  |  |  |
| Principal Place of Business<br><b>18500 US HWY 441<br/>MT DORA, FL 32757</b>   | Mailing Address<br><b>P O BOX 1516<br/>MT DORA, FL 32756</b>        | <br><br>01262008 No Chg-P CR2E034 (11/05)<br><table border="1"><tr><td>4. FEI Number<br/><b>59-3478181</b></td><td>Applied For<br/><input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table> | 4. FEI Number<br><b>59-3478181</b> | Applied For<br><input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 4. FEI Number<br><b>59-3478181</b>   | Applied For<br><input type="checkbox"/> Not Applicable              |   |                                    |  |  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |   |   |                                    |  |  |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |                                    |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHEFFIELD, ROGER L<br/>18500 US HWY 441<br/>MOUNT DORA, FL 32757</b>   |   | <b>DO NOT WRITE IN THIS SPACE</b>   |                                    |  |  |  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____  |   |   |                                    |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |                                    |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   |                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>SHEFFIELD, ROGER L<br>18500 US HWY 441<br>MT DORA, FL 32757   | <br><br><b>DO NOT WRITE IN THIS SPACE</b>  |                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>MILLER, SHIRLEY A<br>18500 US HWY 441<br>MOUNT DORA, FL 32757 |   |                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                                    |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                                    |  |  |  |
| 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 <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | Date <b>1-26-06</b> 352-735-0552<br><small>Daytime Phone #</small>  |                                    |  |  |  |