___2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

Apr 29, 2004 08:00 AM **DOCUMENT # P98000009014 Secretary of State** 1. Entity Name EMPLOYEE BENEFITS SPECIALIST, INC. Principal Place of Business Mailing Address 7930 CHASE MEADOWS DR W 7930 CHASE MEADOWS DR W JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 01172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3489796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRAYTON, WENDY DO NOT WRITE 7930 CHASE MEADOWS DR W IN THIS SPACE JACKSONVILLE, FL 32256 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME CRAYTON, WENDY STREET ADDRESS 7930 CHASE MEADOWS DR W CITY-ST-7IP JACKSONVILLE, FL 32256 TITLE NAME STREET ADDRESS CHTY-ST-ZIP TELLE NAME DO NOT WRITE STREET ADDRESS CITY ST-71P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-7IP TITLE MME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 trusted empoyeded 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 attactiment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND THE DRY PRATED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DAT