FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90146 005 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000009014

1. Entity Name
EMPLOYEE BENEFITS SPECIALIST, INC.

40068096

Principal Place of Business	Mailing Address
7930 CHASE MEADOWS DR W JACKSONVILLE, FL 32256	7930 CHASE MEADOWS DR W JACKSONVILLE, FL 32256

04152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
11555 Central Parkway	11555 Central Parkway
Suite, Apt. #, etc.: Suite 502	Suite, Apt. #, etc.: Suite 502
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32224 Country: USA	Zip: 32224 Country: USA

4. FEI Number: 59-3489796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CRAYTON, WENDY
7930 CHASE MEADOWS DR W
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent
Name: Geoffrey Taylor
Street Address (P.O. Box Number is Not Acceptable): 11555 Central Parkway Suite 502
City: Jacksonville FL Zip Code 32224

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: [signature] Geoffrey M Taylor President DATE 4/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAYTON, WENDY 7930 CHASE MEADOWS DR W JACKSONVILLE, FL 32256	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D Geoffrey Taylor 2432 Misty water Dr W Jacksonville Fl 32246	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Geoffrey M Taylor 4/19/06 904-642-5186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #