2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009014

Entity Name: EMPLOYEE BENEFITS SPECIALIST, INC.

FILED Feb 10, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|--|------------------------------------|---|--|
| 11555 CTRL PKWY STE 502 JACKSONVILLE, FL 32 | 224 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 11555 CTRL PKWY STE 502 JACKSONVILLE, FL 32 | 224 | | | |
| FEI Number: 59-3489796 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address o | Name and Address of New Registered Agent: | |
| TAYLOR, GEOFFREY M 11555 CTRL PKWY STE JACKSONVILLE, FL 32 | E 502 | | | |
| The above named entity in the State of Florida. | submits this statement for the p | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| | Electronic Signature of Registered Age | | Date | |

Title: PD

Name: TAYLOR, GEOFFREY M Address: 2432 MISTY WATER DR N City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: GEOFFREY M TAYLOR PD 02/10/2012