2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P98000027661 1. Entity Name 04-18-2007 90176 037 ***150.00 CORPORATE MEDICAL BENEFITS, INC. Principal Place of Business Mailing Address 18527 KINGBIRD DR 18527 KINGBIRD DR LUTZ FL 33558 **LUTZ FL 33558** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 24349 Summer Wind Ct. 24349 Janmer Wind Ct. Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3510816 Applied For Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 1:11sborargh <u> 33559</u> 33559 4illsborough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERDIGON, K.J. 18527 RINGBIAD DR 24349 Summer Wind Ct. Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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. 37. re required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Secretary G.Lee Perdison Addition TATLE HILL. ☐ Delete ☐ Change PERDIGON, K.J. NAME NAME 18527 KINGBIRD DR STREET ADDRESS STREET ADDRESS 24349 Sum mer Wind Lutz, FL 33559 **LUTZ FL 33558** CITY - ST - ZIP CITY-ST-ZIP `mu HILE ☐ Delete Change ■ Addition K. J Perdison NAM NAME 24349 Summer Wind ct STREET ADDRESS STREET ADORESS Lutz. FL 33559 CHY-ST-7IP CITY-ST-7IP SITE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP THE ☐ Delete TOLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-71P TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 roceiver 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.

FILED