2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000027661

Entity Name: CORPORATE MEDICAL BENEFITS, INC.

FILED Aug 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

24349 SUMMER WIND CT. LUTZ, FL 33559

Current Mailing Address: New Mailing Address:

24349 SUMMER WIND CT. LUTZ, FL 33559

FEI Number: 59-3510816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERDIGON, K.J. PERDIGON, GEORGE L 24349 SUMMER WIND CT. 24349 SUMMER WIND CT. LUTZ, FL 33559 LUTZ, FL 33559 US

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.

SIGNATURE: GEORGE L. PERDIGON 08/11/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

PERDIGON, K.J. PERDIGON, GEORGE L Name: Name: 24349 SUMMER WIND CT Address: 24349 SUMMER WIND CT Address:

City-St-Zip: LUTZ, FL 33559 City-St-Zip: LUTZ, FL 33559

Title: Title: () Delete (X) Change () Addition PERDISON, LEE G PERDISON, K.J. Name: Name:

24349 SUMMER WIND CT Address: 24349 SUMMER WIND CT Address:

LUTZ, FL 33559 LUTZ, FL 33559 City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Ρ SIGNATURE: GEORGE L. PERDIGON 08/11/2008