

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90398 027 ***150.00

DOCUMENT # P99000002592		
1. Entity Name MORANZ BENEFIT CONSULTING, INC.		
Principal Place of Business 14000 MILITARY TRAIL SUITE 206B DELRAY BEACH, FL 33484		Mailing Address 14000 MILITARY TRAIL SUITE 206B DELRAY BEACH, FL 33484
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MORANZ, ED 6813 ENTRADA PLACE BOCA RATON, FL 33433		66016494  03122006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0886105 Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 <u><i>E. Moranz</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent, and title if applicable. DATE <u>4/20/06</u>		DO NOT WRITE IN THIS SPACE
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MORANZ, EDWARD R III 14000 MILITARY TRAIL DELRAY BEACH, FL 33484	
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DO NOT WRITE IN THIS SPACE		
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: <u><i>E. Moranz</i></u> <u>5/9/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

**Moranz
Benefit
Consulting, Inc.**

ATTACHMENT

66016494

14000 North Military Trail • Suite 206B
Delray Beach, Florida 33484
Phone: (561) 496-4772
Toll Free: (800) 574-9788
Fax: (561) 496-0501

May 10, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref 99000002592

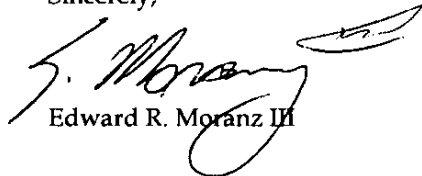
To Whom It May Concern:

Attached please find properly executed Annual Report/Uniform Business Report.

We apologize for not signing in the correct place previously.

If you require anything further please do not hesitate to call and ask.

Sincerely,


Edward R. Moranz III