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	Mailing Address
14000 MILITARY TRAIL SUITE 206B DELRAY BEACH, FL 33484	14000 MILITARY TRAIL SUITE 206B DELRAY BEACH, FL 33484

66016494

03122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0886105
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORANZ, ED
6813 ENTRADA PLACE
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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: E. Moranz III 4/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PSTD
NAME	MORANZ, EDWARD R III
STREET ADDRESS	14000 MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: E. Moranz III 5/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
66016494

Moranz Benefit Consulting, Inc.

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

Re: 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