2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90041 042 ***150.00

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1. Entity Name
DIRECT ASSIGNMENT BENEFIT PLANS, INC.

40011233

Principal Place of Business	Mailing Address
700 CENTRAL AVE SUITE 301 ST. PETERSBURG, FL 33701	700 CENTRAL AVE SUITE 301 ST. PETERSBURG, FL 33701

01222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3639278 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STONER, ROBERT 700 CENTRAL AVE STE 301 SAINT PETERSBURG, FL 33701	Name: John R. Stoner Street Address (P.O. Box Number is Not Acceptable): 700 Central Ave. Suite 301 City: St. Petersburg FL Zip Code: 33701

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: Robert Stoner 1/22/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST STONER, JOHN R 1012 PASEAO DEL RIO DR NE SAINT PETERSBURG, FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John R. Stoner 700 Central Avenue, Suite 301 St. Petersburg FL 33701	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANNUNZIATA, THERESA 12006 MOUNTBATTEN DR TAMPA, FL 33626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STONER, ROBERT F 1348 TIMBERLANE RD TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STONER, ROBERT W 11005 CINDERLANE PLACE TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: John R. Stoner 1/22/08 7278238331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #