

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021334

FILED
Apr 10, 2009
Secretary of State

Entity Name: GROUP BENEFITS RESOURCES, INC.

Current Principal Place of Business:

59 BLACK HICKORY WAY
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730057
ORMOND BEACH, FL 321730057

New Mailing Address:

FEI Number: 59-3571789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABATE, MICHAEL
59 BLACK HICKORY WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

ABATE, MICHAEL PRES
59 BLACK HICKORY WAY
ORMOND BEACH, FL 32174 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: MICHAEL P. ABATE

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ABATE, MICHAEL
Address: P.O. BOX 730057
City-St-Zip: ORMOND BEACH, FL 321730057

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-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.

SIGNATURE: MICHAEL P. ABATE

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date