



2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90034 006 \*\*\*150.00

<b>DOCUMENT # P99000031124</b> 1. Entity Name <b>BENEFITSLINK.COM, INC.</b>					
Principal Place of Business <b>1298 MINNESOTA AVE. SUITE H WINTER PARK, FL 32789</b>			Mailing Address <b>1298 MINNESOTA AVE. SUITE H WINTER PARK, FL 32789</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01252008      Chg-P      CR2E034 (12/06)	
4. FEI Number <b>59-3576538</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <del>BAKER, DAVID R 1248 MINNESOTA AVE STE H WINTER PARK, FL 32789</del>			7. Name and Address of New Registered Agent Name <b>HOLLY HORTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1298 MINNESOTA AVE., SUITE H</b> City <b>WINTER PARK</b> <b>FL</b> Zip Code <b>32789</b>		
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>Holly Horton</u> <b>HOLLY HORTON</b> <b>OFFICE MANAGER</b> <b>1/25/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, DAVID R</b> <input type="checkbox"/> Delete <del>1298 MINNESOTA AVE STE H</del> <del>WINTER PARK, FL 32789</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>56 CREEKSONG ROAD</b> <b>WHITTIER, NC 28789</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY</b> <b>BAKER, LOIS A.</b> <b>56 CREEKSONG ROAD</b> <b>WHITTIER, NC 28789</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER</b> <b>BAKER, LOIS A.</b> <b>56 CREEKSONG ROAD</b> <b>WHITTIER, NC 28789</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>David R Baker</u> <b>David R Baker</b> <b>1/28/08</b> <b>828</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					