

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043381

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE BENEFITS RESOURCE, INC.

Current Principal Place of Business:

4409 LITTLE JOHN TRAIL
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

4411 BEE RIDGE ROAD
#486
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 59-3576079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILORENZO, WILLIAM
4409 LITTLE JOHN TRAIL
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DILORENZO, WILLIAM
Address: 4411 BEE RIDGE ROAD, #486
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: DILORENZO, ROBYN
Address: 4411 BEE RIDGE ROAD, #486
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM DILORENZO

DP

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date