2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 29, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P99000071525 1. Entity Name COORDINATED BENEFITS GROUP, INC. Principal Place of Business Mailing Address 4190 BELFORT ROAD 4190 BELFORT ROAD SUITE 300 SUITE 300 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 07052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3598069 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATSON, TODD ESQ. DO NOT WRITE 7785 BAYMEADOWS WAY SUITE 107 IN THIS SPACE JACKSONVILLE, FL 32257 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, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE FORRESTER, WILLIAM M JR. NAME STREET ADDRESS 4190 BELFORT ROAD SUITE 300 CITY - ST - ZIP JACKSONVILLE, FL 32216 U00000374986 07/29/05-80007-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 peop to as required by Chapter 507, 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 endowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MA THE DISTRICT WILLIAM M. FORESCO J. Date Date