2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000071525

COORDINATED BENEFITS GROUP, INC.



Principal Place of Business

4190 BELFORT ROAD SUITE 300

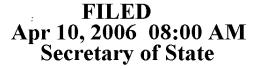
JACKSONVILLE, FL 32216

Malling Address

4190 BELFORT ROAD

SUITE 300

IACKSONVILLE, FL 32216





DO NOT WRITE IN THIS SPACE

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3598069

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, TODD ESQ. 7785 BAYMEADOWS WAY SUITE 107

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32251			IN THIS STAGE		
8. The above the obligation	a named entity submits this statement for the pations of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	f applicable (INOTE: Registered Ag	eni signaturi	required when reinstating}	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	g 🗀	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORRESTER, WILLIAM M JR. 4190 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY- ST-ZIP					U000005111068 04/25/06-80006-028 190.00
THILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CATY - ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					:
TITLE					1

12. I hereby certify that the information supplied with this filling 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 acceptate and that my significant shall have the same legal effect as if made under calls; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as reported by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an additional content in the empowered.

SIGNATURE:

STREET ADORCSS CITY-ST-ZIP

William Forester fr 4/c/a