

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S64898

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: CORPORATE BENEFITS NETWORK, INC.

**Current Principal Place of Business:**

8032 13TH AVE. SOUTH  
SAINT PETERSBURG, FL 33707 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48037  
SAINT PETERSBURG, FL 33743 US

**New Mailing Address:**

FEI Number: 59-3087035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D & B CORPORATE SERVICES, INC.  
5999 CENTRAL AVE.  
SUITE 202  
SAINT PETERSBURG, FL 33710 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: D ( ) Delete  
Name: MARSHALL-PFEFFER, MARSHA  
Address: 800 49 STREET NO  
City-St-Zip: SAINT PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MARSHALL-PFEFFER, MARSHA  
Address: 8032 13TH AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARSHA MARSHALL-PFEFFER

PRES

02/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date