

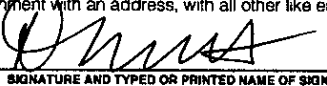


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90287 022 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # S82056</b><br>1. Entity Name<br><b>EMPLOYER'S BENEFIT PRODUCTS CORP.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>5541 PUERTA DEL SOL<br/>420<br/>ST PETERSBURG, FL 33701 US</b>  |   |   | Mailing Address<br><b>5541 PUERTA DEL SOL<br/>420<br/>ST PETERSBURG, FL 33701 US</b>   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |    |  |
| City & State  |   | City & State  |  | 02112004    Chg-P    CR2E034 (10/03)   |  |
| Zip   |   | Country   |  | 4. FEI Number<br><b>59-1973874</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>WLAND; BURTON W.<br/>601 CLEVELAND AVENUE<br/>SUITE 800<br/>CLEARWATER, FL</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>BURTON W WLAND</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>POWELL WHITE BOGGS BANKER</b><br><b>501 E KENNEDY BLVD</b> # <b>1700</b><br>City <b>TAMPA</b> FL    Zip Code <b>33601</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 _____<br><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<br/>After May 1, 2004 Fee will be \$550.00</b>   |   | 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PD/SEC, TREAS</b> <input type="checkbox"/> Delete<br><b>ARTHUR, DONALD M</b><br><b>5541 PUERTA DEL SOL DR</b><br><b>SAINT PETERSBURG, FL 33715</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DTS</b> <input checked="" type="checkbox"/> Delete<br><b>TARBELL, JERINE A.</b><br><b>6116 DEERWOOD PLANE</b><br><b>RALEIGH, NC 27607</b>          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>V. PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>BRADLEY D ARTHUR</b><br><b>5541 PUERTA DEL SOL BLVD</b><br><b>ST. PETERSBURG, FL 33715</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DAWN CESARE</b> <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>V. PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DAWN CESARE</b><br><b>5541 PUERTA DEL SOL BLVD</b><br><b>ST PETERSBURG, FL 33715</b>       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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:  DONALD M ARTHUR</b> 4/27/04    727-4274189<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>  |   |   |  |  |  |