2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# S82056

Entity Name: EMPLOYER'S BENEFIT PRODUCTS CORP.

Current Principal Place of Business:

P.O.BOX66040
ST .PETE BEACH, FL 33736 US

New Principal Place of Business:

1800 NE 114TH ST
703
MIAMI, FL 33181 US

Current Mailing Address:

P.O.BOX 66040
420
ST PETE BEACH, FL 33738 US

New Mailing Address:

P.O.BOX 531107
MIAMI, FL 33153 US

FEI Number: 59-1973874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIAND, BURTON W.
FOWLER WHITE BOGGS BANKER
501 E. KENNEDY BLVD. #1700
TAMPA, FL 33601 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: PD ( ) Delete
Name: ARTHUR, DONALD M
Address: P.O.BOX 66040
City-St-Zip: ST. PETE BEACH, FL 33736

Title: V (X) Delete
Name: BRADLEY, ARTHUR D
Address: 3350 LAKE PADGETT DR
City-St-Zip: LAND O LAKES, FL 34639

Title: V (X) Delete
Name: CESARE, DAWN
Address: 1173 36TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: ARTHUR, DONALD M
Address: P.O.BOX531107
City-St-Zip: MIAMI, FL 33153 US

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: DONALD M ARTJUR PD 04/29/2007

Electronic Signature of Signing Officer or Director Date