2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V07699 WHITTINGTON BENEFIT SERVICES, INC. Principal Place of Business Mailing Address 2840 NW BOCA RATON BLVD 2840 NW BOCA RATON BLVD SUITE 105 SUITE 105

BOCA RATON, FL 33431 US

BOCA RATON, FL 33431



03-02-2004 90022 024 ***150.00



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired		\$8.75 Additional Fee Required	
65-0300	663		Not Applicable
4. FEI Number			Applied For
01272004	No Chg-P	CR2E034 (10/03)	

6. Name and Address of Current Registered Agent WHITTINGTON, R. HUNTER 2298 NW 35TH ST

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITTINGTON, R. HUNTER 2298 NW 35TH STREET 2369 BOCA RATON, FL 33431 80CA	, n.w. 25th Tem. Rabilift 33434				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN [*]	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	a de la companya de					
NAME STREET ADDRESS CITY-ST-ZIP		Section 1				
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 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.						

CERON DIRECTOR