

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11021

FILED  
Jul 25, 2008  
Secretary of State

Entity Name: CHAMBER BENEFITS, INC.

**Current Principal Place of Business:**

75 S IVANHOE BLVD  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

75 S IVANHOE BLVD  
ORLANDO, FL 32804 US

**New Mailing Address:**

FEI Number: 59-3107004      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RECKER, ROBERT H.  
75 S IVANHOE BLVD  
ORLANDO, FL 32804 US

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

FAGAN, SCOTT P  
75 S IVANHOE BLVD  
ORLANDO, FL 32804 US

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: SCOTT P. FAGAN

07/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FAGAN, SCOTT P  
Address: 75 S IVANHOE BLVD  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: STUART, JACOB V  
Address: 75 S IVANHOE BLVD  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: RECKER, ROBERT H  
Address: 75 S IVANHOE BLVD  
City-St-Zip: ORLANDO, FL

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHIELDS, KRISTINE V  
Address: 75 S IVANHOE BLVD  
City-St-Zip: ORLANDO, FL

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: SCOTT P. FAGAN

D

07/25/2008

Electronic Signature of Signing Officer or Director

Date