## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V38032

FILED Apr 29, 2007 Secretary of State

Entity Name: NATIONAL BENEFIT SERVICE CENTER, INC.

<b>New Principal Place o</b> 44 E. CENTRAL BLVD. ORLANDO, FL 32801	
	US
New Mailing Address	:
P.O. BOX 948094 MAITLAND, FL 327948	3094 US
lied For ( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ed Agent: Name and Address of	New Registered Agent:
BEUMER, STEVE 581 ARAPAO TR MAITLAND, FL 32751	US
ment for the purpose of changing its registered	office or registered agent, or both,
	04/29/2007
egistered Agent	Date
bution ( ).	
ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: D ( Name: BEUMER, ST	C) Change (X) Addition
	MAITLAND, FL 327948  lied For ( ) FEI Number Not Applicable ( )  ed Agent: Name and Address of  BEUMER, STEVE 581 ARAPAO TR  MAITLAND, FL 32751  ment for the purpose of changing its registered  egistered Agent  bution ( ).  ADDITIONS/CHANGE  Title: ( )  Name: Address: ( )  City-St-Zip: ( )  Title: ( )  Name: Address: ( )  City-St-Zip: ( )  Title: ( )  Name: Address: ( )  City-St-Zip: ( )  Title: ( )  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: DENISE BEUMER PRES 04/29/2007