


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # V44038.. 1. Entity Name APPLIED BENEFITS & CONCEPTS, INC.	
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Principal Place of Business 300 S. PINE ISLAND ROAD 306 PLANTATION, FL 33324 US	Mailing Address 300 S. PINE ISLAND ROAD 306 PLANTATION, FL 33324 US
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01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0340484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, SHAWN 300 S. PINE ISLAND RD. STE 306 PLANTATION, FL 33324
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**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 <u>Shawn Roberts</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>6/24/04</u> <small>(NOTE: registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROBERTS, SHAWN 300 S. PINE ISLAND RD. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, SHAWN 300 S. PINE ISLAND RD. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, FAITH B. 300 S. PINE ISLAND ROAD PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/01/04-80002-013 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
SIGNATURE: <u>Shawn Roberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>6/24/04</u> <small>Daytime Phone #</small>