

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44038

FILED
Mar 14, 2005
Secretary of State

Entity Name: APPLIED BENEFITS & CONCEPTS, INC.

Current Principal Place of Business:

300 S. PINE ISLAND ROAD
306
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

300 S. PINE ISLAND ROAD
306
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0340484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, SHAWN
300 S. PINE ISLAND RD.
STE 306
PLANTATION, FL 33324 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: PST () Delete
Name: ROBERTS, SHAWN,
Address: 300 S. PINE ISLAND RD.
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: ROBERTS, SHAWN,
Address: 300 S. PINE ISLAND RD.
City-St-Zip: PLANTATION, FL

Title: S () Delete
Name: ROBERTS, FAITH B.
Address: 300 S. PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: SHAWN ROBERTS

OWNE

03/14/2005

Electronic Signature of Signing Officer or Director

Date