

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44038

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: APPLIED BENEFITS & CONCEPTS, INC.

## Current Principal Place of Business:

300 S. PINE ISLAND ROAD  
264  
PLANTATION, FL 33324 US

## New Principal Place of Business:

7351 WILES ROAD  
206  
CORAL SPRINGS, FL 33067 US

## Current Mailing Address:

300 S. PINE ISLAND ROAD  
264  
PLANTATION, FL 33324 US

## New Mailing Address:

7351 WILES ROAD  
206  
CORAL SPRINGS, FL 33067 US

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 264  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

ROBERTS, SHAWN  
7351 WILES ROAD  
206  
CORAL SPRINGS, FL 33067 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: SHAWN ROBERTS

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROBERTS, SHAWN,  
Address: 300 S. PINE ISLAND RD. #264  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROBERTS, SHAWN,  
Address: 7351 WILES ROAD SUITE 206  
City-St-Zip: CORAL SPRINGS, FL 33067

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: SHAWN ROBERTS

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date