

No. <b>C 161033</b>	<b>Due no later than Jun 30, 2006</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> AMERICAN BENEFIT PLAN ADMINISTRATORS, INC. ATTN LEGAL DEPT 3501 FRONTAGE RD TAMPA FL 33607	CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JEFFERY W BAK	3501 FRONTAGE RD	TAMPA	FL	USA	33607
SECRETARY	JEFFERY W BAK	3501 FRONTAGE RD	TAMPA	FL	USA	33607
DIRECTOR	JEFFERY W BAK	3501 FRONTAGE RD	TAMPA	FL	USA	33607
DIRECTOR	CLARENCE E TERRY	5200 TOWN CENTER CIRCLE #470	BOCA RATON	FL	USA	33486
DIRECTOR	DAVID L KREILEIN	5200 TOWN CENTER CIRCLE #470	BOCA RATON	FL	USA	33486
5. Organized Under the Laws of:  <b>CALIFORNIA C 161033</b>	6. Annual Report must be signed.* Signature: JEFFERY W. BAK Name (type or print): JEFFERY W. BAK		Date: 04/13/2006 Title: PRESIENT			
Processed 04/13/2006		* Electronically provided signatures are accepted as original signatures.				