

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21407.8123--5/8/2014

214078123

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1. CORPORATION NAME:
 COMBINED BENEFITS INC.

DUE DATE: 04/30/14

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
 NATIONAL REGISTERED AGENTS INC

SCC ID NO.: F182243-8

4701 COX ROAD, SUITE 285

5. STOCK INFORMATION

GLEN ALLEN, VA 23060

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
 143-HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
 CA-CALIFORNIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

| | |
|--|---|
| <input type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 3 POINTE DRIVE SUITE 203 CITY/ST/ZIP BREA, CA 92821 | ADDRESS: CITY/ST/ZIP |

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
 An individual may be designated as both a director and an officer.

| | |
|--|---|
| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DONNY WOO TITLE: PRESIDENT ADDRESS: 3 POINTE DRIVE SUITE 203 CITY/ST/ZIP: BREA, CA 92821 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

I affirm that the information contained in this report is accurate and complete as of the date below.


 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Donny Woo PRESIDENT
 PRINTED NAME AND CORPORATE TITLE

4-15-14
 DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.