

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 31, 2009
Secretary of State**

DOCUMENT# F08000004283

Entity Name: BRAKKE-SCHAFNITZ INSURANCE BROKERS, INC.

Current Principal Place of Business:

28202 CABOT ROAD
SUITE 500
LAGUNA NIGUEL, CA 92677

New Principal Place of Business:

Current Mailing Address:

6 CLEMENT AVENUE
SARATOGA SPRINGS, NY 12866 US

New Mailing Address:

FEI Number: 95-2704711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, CHRISTOPHER T
1970 OTTER WAY
PALM HARBOR, FL 34865 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

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: BRAKKE, JAMES
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: TCFO () Delete
Name: BRAKKE, JAMES
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: SD () Delete
Name: SCHAFNITZ, MATTHEW
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: SVPD () Delete
Name: MCCANN, TIMOTHY
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: COO (X) Delete
Name: MCCANN, TIMOTHY
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: V (X) Delete
Name: WILLIAMS, JOHN
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SCHAFNITZ, MATTHEW
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: STCO (X) Change () Addition
Name: KOOKOOTSEDES, JOHN
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: D (X) Change () Addition
Name: SCHAFNITZ, MATTHEW
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: D (X) Change () Addition
Name: KOOKOOTSEDES, JOHN
Address: 28202 CABOT ROAD, SUITE 500
City-St-Zip: LAGUNA NIGUEL, CA 92677

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 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: GARY T. HARKER, ESQ.

AIF

07/31/2009

Electronic Signature of Signing Officer or Director

_____ Date