

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2008  
Secretary of State**

DOCUMENT# F99000004044

Entity Name: AMERICAN GENERAL FINANCIAL DISTRIBUTORS OF FLORIDA, INC.

**Current Principal Place of Business:**

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

**New Principal Place of Business:**

**Current Mailing Address:**

2929 ALLEN PKWY  
A6-20  
HOUSTON, TX 77019

**New Mailing Address:**

FEI Number: 76-0446824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICES COMPANY  
C/O MARIA S. REPLOGLE  
120 HAYS STREET  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEPD ( ) Delete  
Name: CURRAN, EVELYN M  
Address: 2929 ALLEN PKWY  
City-St-Zip: HOUSTON, TX 77019

Title: TO ( ) Delete  
Name: CRICKS, DANIEL R  
Address: 2929 ALLEN PARKWAY  
City-St-Zip: HOUSTON, TX 77019

Title: SVPS ( ) Delete  
Name: DEN BOER, DAVID H  
Address: 2929 ALLEN PARKWAY  
City-St-Zip: HOUSTON, TX 77019

Title: D ( ) Delete  
Name: STONER, KATHERINE L  
Address: 2929 ALLEN PARKWAY  
City-St-Zip: HOUSTON, TX 77019

Title: CFOT ( ) Delete  
Name: REINER, JOHN  
Address: 2929 ALLEN PARKWAY  
City-St-Zip: HOUSTON, TX 77019

Title: AT ( ) Delete  
Name: FESTERVAND, TERRY B  
Address: 2929 ALLEN PARKWAY  
City-St-Zip: HOUSTON, TX 77019

**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:

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 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: DANIEL R CRICKS

TO

05/01/2008

Electronic Signature of Signing Officer or Director

Date