

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059752

FILED
Jan 11, 2009
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF INSURANCE AND FINANCIAL PROFESSIONALS, INC.

Current Principal Place of Business:

3650 N. FEDERAL HWY
SUITE 213
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

2860 N.E. 23RD AVENUE
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

3324 W. UNIVERSITY AVENUE
#250
GAINESVILLE, FL 32607

FEI Number: 65-0510447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, DEBORAH L D
2860 NE 23RD AVE.
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

TAYLOR, DEBORAH L D
3650 N FEDERAL HWY
SUITE 213
LIGHTHOUSE POINT, FL 33064 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:

01/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAYLOR, DEBORAH L
Address: 2860 N.E. 23RD AVE.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: TAYLOR-WILLIAMS, JENNIFER L
Address: 2860 NE 23 AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: TAYLOR, ANDREW J
Address: 4310 NW 36TH STREET
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TAYLOR, DEBORAH L
Address: 3324 W. UNIVERSITY AVENUE, #250
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change () Addition
Name: TAYLOR-WILLIAMS, JENNIFER L
Address: 1077 ASPRI WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: DEORAH L. TAYLOR

D

01/11/2009

Electronic Signature of Signing Officer or Director

Date