

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011354

FILED
Feb 29, 2008
Secretary of State

Entity Name: ASSOCIATION INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

4019 W. INMAN AVE
TAMPA, FL 33609

New Principal Place of Business:

1411 WESTSHORE BLVD
311
TAMPA, FL 33607

Current Mailing Address:

P.O. BOX 18252
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-3432285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, WILLIAM H
4019 W. INMAN AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

CALDWELL, CRAIG D
10556 INDIAN HILLS CT
LARGO, FL 33777 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: CRAIG D CALDWELL

02/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEAN, WILLIAM H
Address: 4019 W. INMAN AVE
City-St-Zip: TAMPA, FL 33608

Title: D () Delete
Name: DEAN, BEVERLY B
Address: 4019 W. INMAN AVE
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CALDWELL, CRAIG D
Address: 10556 INDIAN HILLS CT
City-St-Zip: LARGO, FL 33777

Title: PD (X) Change () Addition
Name: DEHLINGER, ERIC J
Address: 2512 WEST FERN ST
City-St-Zip: TAMPA, FL 33614

Title: STD () Change (X) Addition
Name: CRAMER, HENRY A
Address: 2716 STATE ST
City-St-Zip: TAMPA, FL 33609

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: CRAIG D CALDWELL

D

02/29/2008

Electronic Signature of Signing Officer or Director

Date