

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 456688

FILED
Apr 24, 2008
Secretary of State

Entity Name: INSURANCE BY KEN BROWN, INC.

Current Principal Place of Business:

707 PENNSYLVANIA AVE
1300
ALTAMONTE SPRINGS, FL 327016414

New Principal Place of Business:

Current Mailing Address:

PO BOX 948117
MAITLAND, FL 327948117

New Mailing Address:

FEI Number: 59-1547942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, KENNETH M.
410 GENIUS DR
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, KENNETH M,
Address: 410 GENIUS DR
City-St-Zip: WINTER PARK, FL 32789

Title: STD () Delete
Name: BROWN, MARGARET M,
Address: 410 GENIUS DR
City-St-Zip: WINTER PARK, FL 32789

Title: V () Delete
Name: BROWN, KENNETH DEREK
Address: 18 MINNEHAHA CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: TAYLOR, GEORGE W. III
Address: 1581 MAYFIELD AVENUE
City-St-Zip: WINTER PARK, FL 32789

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BROWN, MARGARET M,
Address: 410 GENIUS DR
City-St-Zip: WINTER PARK, FL 32789

Title: V (X) Change () Addition
Name: BROWN, KENNETH DEREK
Address: 1437 HOLTS GROVE CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: BROWN, STEPHEN D
Address: 801 HAMILTON PLACE CT
City-St-Zip: WINTER PARK, FL 32789

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: STEPHEN BROWN

ST

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date