2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# 456688

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BROWN, KENNETH M	
Address:	410 GENIUS DR	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	VD	( ) Delete
Name:	BROWN, MARGARET M	
Address:	410 GENIUS DR	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	V	( ) Delete
Name:	BROWN, KENNETH DEREK	
Address:	1437 HOLTS GROVE CIRCLE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	V	( ) Delete
Name:	TAYLOR, GEORGE W. III	
Address:	1581 MAYFIELD AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	ST	(X) Delete
Name:	BROWN, STEPHEN D	
Address:	801 HAMILTON PLACE CT	
City-St-Zip:	WINTER PARK, FL 32789	

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:	ST	(X) Change ( ) Addition
Name:	BROWN, STEPHEN D	
Address:	801 HAMILTON PLACE CT	
City-St-Zip:	WINTER PARK, FL 32789	
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: STEPHEN BROWN ST 08/20/2009

Electronic Signature of Signing Officer or Director — Date