

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655077

FILED
Apr 21, 2009
Secretary of State

Entity Name: INSURANCE FOR STUDENTS, INC.

Current Principal Place of Business:

600 CORPORATE DRIVE
SUITE 101
FT. LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 24845
FT. LAUDERDALE, FL 333074845

New Mailing Address:

FEI Number: 59-2060619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, PAT W.
16047 VIA MONTEVERDE
DELRAY BEACH, FL 33446 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: PST () Delete
Name: WHITE, PAT W.
Address: 16047 VIA MONTEVERDE
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP () Delete
Name: WHITE, PAT W.
Address: 16047 VIA MONTEVERDE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAT W WHITE

PST

04/21/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date