2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 667641

Entity Name: ED SAKSON INSURANCE AGENCY, INC.

Current Principal Place of Business:

8983 OKEECHOBEE BLVD
#214
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8983 OKEECHOBEE BLVD
#214
WEST PALM BEACH, FL 33411

New Mailing Address:

127 VIZCAYA ESTATES DRIVE
PALM BEACH GARDENS, FL 33418

FEI Number: 59-2000674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAKSON, EDWARD M.
8983 OKEECHOBEE BLVD
#214
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

SAKSON, EDWARD M
127 VIZCAYA ESTATES DRIVE
PALM BEACH GARDENS, FL 33418 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: EDWARD M. SAKSON 01/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SAKSON, EDWARD M.,
Address: 8983 OKEECHOBEE BLVD, #214
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP ( ) Delete
Name: SAKSON, EDWARD M.,
Address: 8983 OKEECHOBEE BLVD, #214
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SAKSON, EDWARD M
Address: 127 VIZCAYA ESTATES DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP (X) Change ( ) Addition
Name: SAKSON, EDWARD M
Address: 127 VIZCAYA ESTATES DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: EDWARD M. SAKSON PRES 01/08/2008
Electronic Signature of Signing Officer or Director Date