

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000876

FILED
Aug 06, 2008
Secretary of State

Entity Name: REWARDS PLUS OF AMERICA INSURANCE AGENCY, INC.

Current Principal Place of Business:

4450 RIVER GREEN PARKWAY
SUITE 100A
DULUTH, GA 30096

New Principal Place of Business:

Current Mailing Address:

4450 RIVER GREEN PARKWAY
SUITE 100A
DULUTH, GA 30096

New Mailing Address:

FEI Number: 52-2101044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE DRIVE
SUITE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARCIA, PETER
Address: 4450 RIVER GREEN PARKWAY, SUITE 100A
City-St-Zip: DULUTH, GA 30096

Title: SD () Delete
Name: FINNEGAN, J. BRENT
Address: 4450 RIVER GREEN PARKWAY
City-St-Zip: DULUTH, GA 30096

Title: TD () Delete
Name: BAKER, RICHARD
Address: 4450 RIVER GREEN PARKWAY, SUITE 100A
City-St-Zip: DULUTH, GA 30096

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:

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: RICHARD BAKER

TREA

08/06/2008

Electronic Signature of Signing Officer or Director

_____ Date