

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003799

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** ANNUITIES EXCHANGE/FINANCIAL PRODUCTS CORPORATION

**Current Principal Place of Business:**

2600 N. MAYFAIR RD., #1190  
MILWAUKEE, WI 53226

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N. MAYFAIR RD., #1190  
MILWAUKEE, WI 53226

**New Mailing Address:**

**FEI Number:** 39-1528460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAUGHAN, PATRICK J  
11472 64TH AVENUE NORTH  
SEMINOLE, FL 33772 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: DP ( ) Delete  
Name: DOUGLASS, JOHN M  
Address: 2600 N. MAYFAIR ROAD, #1190  
City-St-Zip: MILWAUKEE, WI 53226

Title: VP ( ) Delete  
Name: LANZA, JUDITH C  
Address: 2600 N. MAYFAIR RD., #1190  
City-St-Zip: MILWAUKEE, WI 53226

Title: ST ( ) Delete  
Name: SCHROEPFER, COLLEEN A  
Address: 2600 N. MAYFAIR RD.  
City-St-Zip: MILWAUKEE, WI 53226

**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:** JOHN M DOUGLASS

DP

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date