

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001411

FILED
May 01, 2009
Secretary of State

Entity Name: ANALYZE,INFORM AND MARKET INSURANCE, INC.

Current Principal Place of Business:

11675 RAINWATER DRIVE STE 200
ALPHARETTA, GA 30004

New Principal Place of Business:

11675 RAINWATER DRIVE STE 200
ALPHARETTA, GA 30009

Current Mailing Address:

11675 RAINWATER DRIVE STE 200
ALPHARETTA, GA 30004

New Mailing Address:

11675 RAINWATER DRIVE STE 200
ALPHARETTA, GA 30009

FEI Number: 58-1970461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CT () Delete
Name: ANTONELLI, MICHAEL F
Address: 3020 LANCASTER SQUARE
City-St-Zip: ROSWELL, GA 30076

Title: DVPS () Delete
Name: ANTONELLI, NOREEN A
Address: 3020 LANCASTER SQUARE
City-St-Zip: ROSWELL, GA 30076

Title: P () Delete
Name: MURPHY, BARRY P
Address: 968 WES MOORE DR
City-St-Zip: WEST CHESTER, PA 19382

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCT (X) Change () Addition
Name: ANTONELLI, MICHAEL F
Address: 3020 LANCASTER SQUARE
City-St-Zip: ROSWELL, GA 30076

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: MICHAEL F. ANTONELLI

DCT

05/01/2009

Electronic Signature of Signing Officer or Director

Date