

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003738

FILED  
Feb 07, 2008  
Secretary of State

**Entity Name:** AMERICAN ASSOCIATION OF INSURANCE PROFESSIONALS, INC.

**Current Principal Place of Business:**

7100 WEST CAMINO REAL  
SUITE 206  
BOCA RATON, FL 33433 US

**Current Mailing Address:**

7100 WEST CAMINO REAL  
SUITE 206  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

7280 WEST PALMETTO PARK RD  
SUITE 303  
BOCA RATON, FL 33433 US

**New Mailing Address:**

7280 WEST PALMETTO PARK RD  
SUITE 303  
BOCA RATON, FL 33433 US

FEI Number: 20-2968754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOFFMAN, JAY MARTIN  
7100 WEST CAMINO REAL  
SUITE 206  
BOCA RATON, FL 33433 US

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

HOFFMAN, JAY MARTIN  
7280 WEST PALMETTO PARK RD  
SUITE 303  
BOCA RATON, FL 33433 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:

02/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CPS ( ) Delete  
Name: HOFFMAN, JAY MARTIN  
Address: 7100 WEST CAMINO REAL, SUITE 206  
City-St-Zip: BOCA RATON, FL 33433 US

Title: PD ( ) Delete  
Name: GINDEN, ALAN J  
Address: 7100 WEST CAMINO REAL, SUITE 206  
City-St-Zip: BOCA RATON, FL 33433 US

Title: D ( ) Delete  
Name: FRANKEL, IRA  
Address: 7100 WEST CAMINO REAL, SUITE 206  
City-St-Zip: BOCA RATON, FL 33433 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CPS (X) Change ( ) Addition  
Name: HOFFMAN, JAY MARTIN  
Address: 7280 WEST PALMETTO PARK RD, SUITE 303  
City-St-Zip: BOCA RATON, FL 33433 US

Title: PD (X) Change ( ) Addition  
Name: GINDEN, ALAN J  
Address: 7280 WEST PALMETTO PARK RD, SUITE 303  
City-St-Zip: BOCA RATON, FL 33433 US

Title: D (X) Change ( ) Addition  
Name: FRANKEL, IRA  
Address: 7280 WEST PALMETTO PARK RD, SUITE 303  
City-St-Zip: BOCA RATON, FL 33433 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN GINDEN

PD

02/07/2008

Electronic Signature of Signing Officer or Director

Date