

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003738

FILED
Mar 14, 2011
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF INSURANCE PROFESSIONALS, INC.

Current Principal Place of Business:

5300 WEST ATLANTIC AVE.
SUITE 610
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5300 WEST ATLANTIC AVE.
SUITE 610
DELRAY BEACH, FL 33484 US

New Mailing Address:

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
5300 WEST ATLANTIC AVE.
SUITE 610
DELRAY BEACH, FL 33484 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

OFFICERS AND DIRECTORS:

Title: CPS
Name: HOFFMAN, JAY MARTIN
Address: 5300 WEST ATLANTIC AVE., SUITE 610
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: D
Name: FRANKEL, IRA
Address: 5300 WEST ATLANTIC AVE., SUITE 610
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby 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 all other like empowered.

SIGNATURE: JAY MARTIN HOFFMAN

PRES

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date