2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# F06000001185

Entity Name: BRENTWOOD REINSURANCE INTERMEDIARIES, INC.

Current Principal Place of Business:

104 CONTINENTAL PL, STE 200
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

104 CONTINENTAL PL, STE 200
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 02-0766034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQUIRE
1267 BERKSHIRE LANE, SUITE 200
TARPON SPRINGS, FL 34688 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:	P	( ) Delete
Name:	FAWCETT, KEITH	
Address:	104 CONTINENTAL PL, STE 200	
City-St-Zip:	BRENTWOOD, TN 37027	
Title:	S	( ) Delete
Name:	HAMMER, VICKI L	
Address:	104 CONTINENTAL PL, STE 200	
City-St-Zip:	BRENTWOOD, TN 37027	
Title:	AS	( ) Delete
Name:	SINOR, GEORGE E	
Address:	104 CONTINENTAL PL, STE 200	
City-St-Zip:	BRENTWOOD, TN 37027	
Title:	COO	( ) Delete
Name:	PETTUS, JEFF P	
Address:	104 CONTINENTAL PL STE 200	
City-St-Zip:	BRENTWOOD, TN 37027	
Title:	D	( ) Delete
Name:	HAMMER, RICHARD D	
Address:	104 CONTINENTAL PL. STE 200	
City-St-Zip:	BRENTWOOD, TN 37027	

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:	
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: KEITH FAWCETT P 04/15/2009

Electronic Signature of Signing Officer or Director — Date