

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004604

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: FIRST INSURANCE NETWORK, INC. A GEORGIA CORPORATION

**Current Principal Place of Business:**

2889 ELMWOOD DRIVE  
SMYRNA, GA 300803709

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 720713  
ATLANTA, GA 303582713

**New Mailing Address:**

2889 ELMWOOD DRIVE  
SMYRNA, GA 300803709

FEI Number: 58-2024315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAY, ROBERT J  
755 F WEST STATE ROAD 434  
LONGWOOD, FL 32750 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: CP ( ) Delete  
Name: DIAL, WILLIAM A JR  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

Title: DV ( ) Delete  
Name: JOHNSTON, MARIANNE  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

Title: T ( ) Delete  
Name: YERRAMILLI, JAIRAM  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

Title: DS ( ) Delete  
Name: YERRAMILLI, JAIRAM  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

**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:

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: WILLIAM A. DIAL, JR.

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03/24/2009

Electronic Signature of Signing Officer or Director

Date