

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004604

**FILED**  
**Apr 16, 2010**  
**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:**

2889 ELMWOOD DRIVE  
SMYRNA, GA 30080

**Current Mailing Address:**

2889 ELMWOOD DRIVE  
SMYRNA, GA 300803709

**New Mailing Address:**

**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:**

RAY, ROBERT J  
755 WEST STATE ROAD 434  
SUITE F  
LONGWOOD, FL 32750 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:

04/16/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: DIAL, WILLIAM A JR  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

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

Title: DS  
Name: YERRAMILLI, JAIRAM  
Address: 2889 ELM WOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

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

SIGNATURE: WILLIAM A. DIAL, JR.

CP

04/16/2010

Electronic Signature of Signing Officer or Director

Date