

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006346

FILED
Feb 24, 2009
Secretary of State

Entity Name: VETINSURANCE MANAGERS, INC.

Current Principal Place of Business:

6505 216TH ST SW BLDG A SUITE 100
MOUNTLAKE TERRACE, WA 98043

New Principal Place of Business:

Current Mailing Address:

6505 216TH ST SW BLDG A SUITE 100
MOUNTLAKE TERRACE, WA 98043

New Mailing Address:

FEI Number: 38-3756263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: RAWLINGS, DARRYL
Address: 6505 216TH ST SW BLDG A SUITE 100
City-St-Zip: MOUNTLAKE TERRACE, WA 98043

Title: P () Delete
Name: JACKSON, ROBERT
Address: 6505 216TH ST SW BLDG A SUITE 100
City-St-Zip: MOUNTLAKE TERRACE, WA 98043

Title: S () Delete
Name: CHAMES, LOUIS P
Address: 6505 216TH ST SW BLDG A SUITE 100
City-St-Zip: MOUNTLAKE TERRACE, WA 98043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JOHNSON, BARRY
Address: 6505 216TH ST SW BLDG A SUITE 100
City-St-Zip: MOUNTLAKE TERRACE, WA 98043

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: LOUIS CHAMES

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02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date