2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# G86554

Entity Name: NATIONAL INSURANCE NETWORK, INC.

Current Principal Place of Business:

7257 BEERIDGE RD.
SARASOTA, FL 34241

New Principal Place of Business:

7257 BEE RIDGE RD.
SARASOTA, FL 34241

Current Mailing Address:

7257 BEERIDGE RD.
SARASOTA, FL 34241

New Mailing Address:

7257 BEE RIDGE RD.
SARASOTA, FL 34241

FEI Number: 59-2372098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIMNY, ROBERT S.
2912 ALEX MCKAY PLACE
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

ZIMNY, ROBERT S.
7257 BEE RIDGE RD
SARASOTA, FL 34241 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: ROBERT S. ZIMNY 01/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ZIMNY, ROBERT S
Address: 2912 ALEX MCKAY PLACE
City-St-Zip: SARASOTA, FL 34240

Title: VD ( ) Delete
Name: ZIMNY, CAROLYN S
Address: 2912 ALEX MCKAY PLACE
City-St-Zip: SARASOTA, FL 34240

Title: DS ( ) Delete
Name: HOGAN, CHERYL
Address: 2351 RICH ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: TD ( ) Delete
Name: KLINGEL, DENISE M
Address: 7920 OSPREY HAMMOCK COURT
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ZIMNY, ROBERT S
Address: 7257 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34241

Title: VD (X) Change ( ) Addition
Name: ZIMNY, CAROLYN S
Address: 7257 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34241

Title: DS (X) Change ( ) Addition
Name: HOGAN, CHERYL
Address: 7257 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34241

Title: TD (X) Change ( ) Addition
Name: KLINGEL, DENISE M
Address: 7257 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34241

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: ROBERT S. ZIMNY PD 01/08/2009
Electronic Signature of Signing Officer or Director Date