

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G95138

FILED
Jan 21, 2008
Secretary of State

Entity Name: BREITBART INSURANCE CORPORATION

Current Principal Place of Business:

800 CYPRESS CREEK RD
SUITE 400
FT. LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 9328
FT. LAUDERDALE, FL 33310 US

New Mailing Address:

FEI Number: 59-2415183 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BREITBART, STEVEN H
P O DRAWER 9328
FT. LAUDERDALE, FL 33310 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: DPT () Delete
Name: BREITBART, STEVEN H
Address: P O DRAWER 9328
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: S () Delete
Name: BREITBART, SUSAN R
Address: 5090 SW 89 TERR.
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TERRY A. BOND

ACCO

01/21/2008

Electronic Signature of Signing Officer or Director

Date