

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74205

FILED
Mar 25, 2009
Secretary of State

Entity Name: FIRST INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

40 SE 5 STR
STE 501
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5004
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2581035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALDMAN, GLENN
40 SE 5TH ST., STE 501
BOCA RATON, FL 33431 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: P () Delete
Name: WALDMAN, GLENN
Address: 40 SE 5TH ST SUITE 5501
City-St-Zip: BOCA RATON, FL 33431

Title: ST () Delete
Name: WALDMAN, SHERRI
Address: 23102 L'ERMITAGE CIRCLE
City-St-Zip: BOCA RATON, FL 33433

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: GLENN WALDMAN

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date