


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State


02-15-2007 90036 049 ***150.00

DOCUMENT # J89665	
1. Entity Name FIRST INSURANCE NETWORK OF FLORIDA, INC.	

Principal Place of Business 2889 ELMWOOD DR. SMYRNA, GA 30080 US	Mailing Address 2889 ELMWOOD DR. SMYRNA, GA 30080 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4001...



02122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2849661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, ROBERT J.
 1533 NORTH RIDGE LAKE CIRCLE
 LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME DIAL, WILLIAM A JR	<input type="checkbox"/> Delete
STREET ADDRESS 2889 ELMWOOD DRIVE	
CITY-ST-ZIP SMYRNA, GA 30080	
TITLE NAME TEFFT, DONALD E	<input type="checkbox"/> Delete
STREET ADDRESS 2889 ELMWOOD DRIVE	
CITY-ST-ZIP SMYRNA, GA 30080	
TITLE NAME JOHNSTON, MARIANNE	<input type="checkbox"/> Delete
STREET ADDRESS 2889 ELMWOOD DRIVE	
CITY-ST-ZIP SMYRNA, GA 30080	
TITLE NAME YERRAMILI, JAIRAM	<input type="checkbox"/> Delete
STREET ADDRESS 2886 ELMWOOD DRIVE	
CITY-ST-ZIP SMYRNA, GA 30080	
TITLE NAME KLEIN, SHERRI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2889 ELMWOOD DRIVE	
CITY-ST-ZIP SMYRNA, GA 30080	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME Sherrie Newton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2889 Elmwood Drive	
CITY-ST-ZIP Smyrna, GA 30080	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura Yencovich
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____