2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68660

FILED Mar 17, 2009 Secretary of State

Entity Name: INSURANCE FIRST AGENCY OF FLORIDA, INC.

Current P	rincipal Place	of Business:	New Principal Place	e of Business:
	RUN CIR FL 33458 U	S		
Current M	lailing Addres	s:	New Mailing Addres	ss:
	RUN CIRCLE FL 33458 L	S	6340 FOX RUN CIR JUPITER, FL 33458	US
El Number	: 65-0112623	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
701 BISC	EIN, JOEL CAYNE BOULE ORES, FL 331:			
011	ORES, FL 331	88 US		
he above	•		ourpose of changing its registere	ed office or registered agent, or both,
he above	e named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
he above the Stat	e named entity s e of Florida. RE:			ed office or registered agent, or both, Date
The above In the State	e named entity se of Florida. RE: Electron	ubmits this statement for the p		
The above the Stati SIGNATU	e named entity se of Florida. RE: Electron	ubmits this statement for the place of Signature of Registered Ag	ent	
The above the Stati SIGNATU	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT	ubmits this statement for the processing the contribution (contribution	ent	Date
The above in the State SIGNATU Election Car DFFICER ittle: lame: .ddress:	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT DST () ALLEN, NINA K 6340 FOX RUN JUPITER, FL 33	ubmits this statement for the particle of Registered Agrand Trust Fund Contribution (). TORS: Delete CIR. 1458 Delete M.M. CIR.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: WILLIAM M. ALLEN P 03/17/2009