

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K73055

FILED  
Mar 24, 2010  
Secretary of State

**Entity Name:** PERSONALIZED INSURANCE PLANNERS, INC.

**Current Principal Place of Business:**

207 HOLIDAY DRIVE  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 2368  
HALLANDALE BEACH, FL 330082368 US

**New Mailing Address:**

**FEI Number:** 65-0101965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATELSON, ROBERTA  
207 HOLIDAY DRIVE  
HALLANDALE BEACH, FL 33009 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: DST  
Name: NATELSON, ROBERTA  
Address: 207 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERTA NATELSON

DST

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date