2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# M45746

Entity Name: INS INSURANCE BROKERS, INC.

Current Principal Place of Business:

19510 US HWY 1 NORTH
JUPITER, FL 33469 US

New Principal Place of Business:

250 TEQUESTA DR, SUITE 202
TEQUESTA, FL 33469 US

Current Mailing Address:

19510 US HWY 1 NORTH
JUPITER, FL 33469 US

New Mailing Address:

250 TEQUESTA DR, SUITE 202
TEQUESTA, FL 33469 US

FEI Number: 59-2775031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAFFERTY, JOLYNN
10337 SE BANYAN WAY
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

WELKNER, JOLYNN
10337 SE BANYAN WAY
TEQUESTA, FL 33469 US

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: JOLYNN WELKNER 03/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAFFERTY, JOLYNN
Address: 19510 US HWY 1 NORTH
City-St-Zip: TEQUESTA, FL 33469

Title: SECY ( ) Delete
Name: LAFFERTY, SEAN R
Address: 600 SANDTREE DRIVE #212
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WELKNER, JOLYNN
Address: 250 TEQUESTA DR, SUITE 202
City-St-Zip: TEQUESTA, FL 33469

Title: VP (X) Change ( ) Addition
Name: WELKNER, BRENT G
Address: 250 TEQUESTA DR, SUITE 202
City-St-Zip: TEQUESTA, FL 33469

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: JOLYNN WELKNER PRES 03/26/2009
Electronic Signature of Signing Officer or Director Date