2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40226

FILED Jan 18, 2008 Secretary of State

Entity Name: ASSOCIATION OF INDEPENDENT COMMERCIAL PRODUCERS, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
655 DRE 03	XEL AVENUE			
	ACH, FL 33139	US		
urrent M	lailing Addres	s:	New Maili	ng Address:
	XEL AVENUE			
03 IIAMI BE <i>l</i>	ACH, FL 33139) US		
El Number	: 65-0287664	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
ame and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
655 DRE 03	TTI, MASSIMO XEL AVENUE ACH, FL 33139) US		
ha al	namod ontity s		o nurnada af ahanaina i	
	e of Florida.	submits this statement for th	le purpose of changing t	ts registered office or registered agent, or bot
	e of Florida.	admits this statement for th	ie purpose of changing i	ts registered oπice or registered agent, or bot
the State	e of Florida. RE:	ic Signature of Registered /		ts registered οπice or registered agent, or bot Date
the State	e of Florida. RE:	ic Signature of Registered /	Agent	
the State	e of Florida. RE: Electroni S AND DIRECT	ic Signature of Registered /	Agent	Date
the State IGNATUI FFICER: tte: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT P () MARTINOTTI, M 1655 DREXEL A MIAMI BEACH, F	ic Signature of Registered / FORS: Delete IASSIMO AVENUE #203 FL 33139 US Delete EL IAMI AVE	Agent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO
the State IGNATUI FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT P () MARTINOTTI, M. 1655 DREXEL A MIAMI BEACH, F V () SAVITZ, MICHAE 1920 NORTH MI MIAMI, FL 3313	ic Signature of Registered / FORS: Delete ASSIMO AVENUE #203 FL 33139 US Delete EL IAMI AVE 36 Delete	Agent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH W.ROUSE TREA 01/18/2008