

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075846

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: INSURANCE MARKETING CONCEPTS, INC.

## Current Principal Place of Business:

8151 PETERS RD, SUITE 1700  
PLANTATION, FL 33324

## New Principal Place of Business:

4782 WEST COMMERCIAL BLVD  
TAMARAC, FL 33319

## Current Mailing Address:

8151 PETERS RD, SUITE 1700  
PLANTATION, FL 33324

## New Mailing Address:

4782 WEST COMMERCIAL BLVD  
TAMARAC, FL 33319

FEI Number: 65-1031478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, DAVID  
1560 SAWGRASS CORPORATE PKWY  
SUITE 140  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

SMITH, DAVID  
4782 WEST COMMERCIAL BLVD  
TAMARAC, FL 33319 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: DAVID SMITH

02/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PV ( ) Delete  
Name: SMITH, DAVE  
Address: 1560 SAWGRASS CORPORATE PKWY, STE 140  
City-St-Zip: SUNRISE, FL 33323

Title: TS ( ) Delete  
Name: ADLER, RISA  
Address: 1560 SAWGRASS CORPORATE PKWY, STE 140  
City-St-Zip: SUNRISE, FL 33323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition  
Name: SMITH, DAVE  
Address: 4782 WEST COMMERCIAL BLVD  
City-St-Zip: TAMARAC, FL 33319

Title: TS (X) Change ( ) Addition  
Name: ADLER, RISA  
Address: 4782 WEST COMMERCIAL BLVD  
City-St-Zip: TAMARAC, FL 33319

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: DAVID SMITH

PRES

02/08/2009

Electronic Signature of Signing Officer or Director

Date