

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090676

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: CREATIVE INSURANCE CONCEPTS, INC.

## Current Principal Place of Business:

111 N. ORANGE AVENUE  
SUITE 2000  
ORLANDO, FL 32801 US

## New Principal Place of Business:

200 S. ORANGE AVENUE  
27TH FLOOR  
ORLANDO, FL 32801 US

## Current Mailing Address:

111 N. ORANGE AVENUE  
SUITE 2000  
ORLANDO, FL 32801 US

## New Mailing Address:

200 S. ORANGE AVENUE  
27TH FLOOR  
ORLANDO, FL 32801 US

FEI Number: 61-1426663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERMAN, RICHARD E  
101 W. COMMERCIAL BLVD., SUITE 2800  
FORT LAUDERDALE, FL 333093070 US

## Name and Address of New Registered Agent:

BERNET, MARK J ESQ.  
200 S. ORANGE AVENUE  
28TH FLOOR  
ORLANDO, FL 32801 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: MARK J. BERNET

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANDERSON, PETER  
Address: 111 N. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801 US

Title: VT ( ) Delete  
Name: RADES, DAVID  
Address: 111 N. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801 US

Title: V (X) Delete  
Name: FISCHER, BRIAN  
Address: 111 N. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801 US

Title: S (X) Delete  
Name: KONICKI, ROBERT  
Address: 111 N. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, PETER  
Address: 200 S. ORANGE AVENUE, 27TH FLOOR  
City-St-Zip: ORLANDO, FL 32801 US

Title: SD (X) Change ( ) Addition  
Name: KONICKI, ROBERT  
Address: 200 S. ORANGE AVENUE, 27TH FLOOR  
City-St-Zip: ORLANDO, FL 32801 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER ANDERSON

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date