2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011520

Entity Name: NATIONS INSURANCE & FINANCIAL SERVICES, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

CORAL WAY LAW CENTER 2370 SW 67 AVENUE 6780 CORAL WAY SUITE A MIAMI, FL 33155 MIAMI, FL 33155

Current Mailing Address: New Mailing Address:

P.O. BOX 142123 CORAL GABLES, FL 33114

FEI Number: 36-4520456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JIMENEZ, LAZARA C
CORAL WAY LAW CENTER
6780 CORAL WAY
MIAMI, FL 33155 US

JIMENEZ, LAZARA C
2370 SW 67TH AVENUE
SUITE A
MIAMI, FL 33155 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: LAZARA C JIMENEZ 03/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PSTD (X) Change () Addition

 Name:
 JIMENEZ, LAZARA C
 Name:
 JIMENEZ, LAZARA C

 Address:
 P.O. BOX 142123
 Address:
 P.O. BOX 142123

 City-St-Zip:
 CORAL GABLES, FL 33114
 City-St-Zip:
 CORAL GABLES, FL 33114

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: LAZARA C JIMENEZ PSTD 03/19/2009