

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084813

FILED  
May 05, 2008  
Secretary of State

Entity Name: FINAL EXPENSE MARKETING INC.

## Current Principal Place of Business:

109 EAST 13TH ST  
UNIT E  
ST CLOUD, FL 34769 US

## New Principal Place of Business:

## Current Mailing Address:

3287 COUNTRYSIDE VIEW DR  
ST CLOUD, FL 34772

## New Mailing Address:

109 EAST 13TH ST  
SUITE E  
ST CLOUD, FL 34769

FEI Number: 20-0108462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEINBERGER, STEVEN M  
274 WILSHIRE BLVD  
CASSELLBERRY, FL 32708 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SWANSON, LAUREN ANN  
Address: 109 EAST 13TH ST UNIT E  
City-St-Zip: ST CLOUD, FL 34769 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LAUREN A SWANSON

PD

05/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date