

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115058

FILED
Apr 24, 2008
Secretary of State

Entity Name: AMERICAN INSTITUTE OF INSURANCE CONTINUING EDUCATION, INC.

Current Principal Place of Business:

121 E. FIRST STREET
SANFORD, FL 32771

New Principal Place of Business:

3217 TIDAL POOL COVE
LAKE MARY, FL 32772

Current Mailing Address:

P. O. BOX 1147
SANFORD, FL 327721147

New Mailing Address:

3217 TIDAL POOL COVE
LAKE MARY, FL 32746

FEI Number: 20-0275218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TONEY, KENNETH R
121 E. FIRST STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

TONEY, KENNETH R
3217 TIDAL POOL COVE
LAKE MARY, FL 32746 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:

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: TONEY, KENNETH R
Address: 121 E. FIRST STREET
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: TONEY, KENNETH R
Address: 3217 TIDAL POOL COVE
City-St-Zip: LAKE MARY, FL 32746

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: KENNETH TONEY

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date