

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03571

FILED
Mar 29, 2009
Secretary of State

Entity Name: PREMIUM FINANCING SPECIALISTS, INC.

Current Principal Place of Business:

427 WEST 12TH ST.
SUITE 100
KANSAS CITY, MO 64105 US

New Principal Place of Business:

Current Mailing Address:

427 WEST 12TH ST.
SUITE 100
KANSAS CITY, MO 64105 US

New Mailing Address:

FEI Number: 43-1039872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BROWN, KEVIN E
Address: 2801 WEST 73RD STREET
City-St-Zip: PRAIRIE VILLAGE, KS 66208

Title: VT () Delete
Name: ANDRES, BRYAN J
Address: 5625 ROUNDTREE
City-St-Zip: SHAWNEE, KS 66226

Title: AS () Delete
Name: DARVEAUX, NORENE,
Address: 1200 W. NETTLETON
City-St-Zip: INDEPENDENCE, MO

Title: D () Delete
Name: MERRIMAN, MICHAEL A.,
Address: 6435 INDIAN LANE
City-St-Zip: SHAWNEE MISSION, KS

Title: V () Delete
Name: FELLER, DAVID J.,
Address: 867 EAST FIRST STREET
City-St-Zip: PECULIAR, MO

Title: P () Delete
Name: GALLAGHER, MICHAEL S
Address: 4950 CENTRAL
City-St-Zip: KANSAS CITY, MO 64112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KEVIN E BROWN

S

03/29/2009

Electronic Signature of Signing Officer or Director

Date