


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000156141 1. Entity Name FLORIDA ASSOCIATION OF INSURANCE INSTRUCTORS, INC.	
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Principal Place of Business 5000 COLLEGE BLVD. #120 OVERLAND PARK, KS 66211	Mailing Address 5000 COLLEGE BLVD. #120 OVERLAND PARK, KS 66211
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1933191	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INCORP SERVICES INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470
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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, DENNIS 5000 COLLEGE BLVD. #120 OVERLAND PARK, KS 66211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCOY, DEBRA 5000 COLLEGE BLVD. #120 OVERLAND PARK, KS 66211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, KAREN 5000 COLLEGE BLVD. #120 OVERLAND PARK, KS 66211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOY, BILL 5000 COLLEGE BLVD. #120 OVERLAND PARK, KS 66211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000763302
05/30/07-80003-010 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: 	Date: 3-12-07	Daytime Phone: 913-451-1280
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		