2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P05000009196

Entity Name: ACCORD INSURANCE NETWORK OF AMERICA, INC.

Current Principal Place of Business:

3101 N. FEDERAL HIGHWAY SUITE 300
OAKLAND PARK, FL 33306

New Principal Place of Business:

2217 NE 19TH AVENUE
WILTON MANORS, FL 33305

Current Mailing Address:

3101 N. FEDERAL HIGHWAY SUITE 300
OAKLAND PARK, FL 33306

New Mailing Address:

2217 NE 19TH AVENUE
WILTON MANORS, FL 33305

FEI Number: 20-2188075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURN, DAVID N
3101 N FEDERAL HIGHWAY SUITE 300
OAKLAND PARK, FL 33306 US

Name and Address of New Registered Agent:

KANE, THOMAS J III
2217 NE 19TH AVENUE
WILTON MANORS, FL 33305 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: THOMAS J. KANE III 03/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KANE, THOMAS J III
Address: 3101 N. FEDERAL HIGHWAY SUITE 300
City-St-Zip: OAKLAND PARK, FL 33306

Title: ST (X) Delete
Name: BURN, DAVID N
Address: 3101 N. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: OAKLAND PRK, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KANE, THOMAS J III
Address: 2217 NE 19TH AVENUE
City-St-Zip: WILTON MANORS, FL 33305

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: THOMAS J. KANE III P 03/30/2009
Electronic Signature of Signing Officer or Director Date